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EDITORIAL COMMENT

READY

As we go to press, the question of war with Germany is unsettled. Our newspapers and magazines are filled with articles showing the general unpreparedness of our country for war. If we are to believe such public statements, we are lacking in ships, officers and men for the Navy, in officers and men for the Army, and in equipment for both, such as guns, ammunition, clothing, tents, means of transportation, etc. Congress is considering measures not only for the rapid development of our fighting forces but also for compulsory military service which will give to every able-bodied young man a certain amount of military training before he has reached the period of economic value or domestic responsibility. In only one department do we see the announcement made that the government has enough, and that is of trained nurses. The Army Nurse Corps and the Navy Nurse Corps are at full strength, and their reserves, as represented by the Nursing Service of the Red Cross, of nearly 8000 of our most highly trained women, would be sufficient for any demand made upon it. Nurses did not need a second experience like the Spanish American War in order to see the need of preparedness for an emergency of this kind. The immediate result of that experience was a concerted action on the part of our two national societies for a place in our Army for women nurses in time of peace, and naturally a similar service for the Navy followed.

For the benefit of young graduates who do not recall the details, we mention in passing that for both of these departments, bills had to be presented to Congress and the same method of procedure followed to secure their passage as is necessary for the passage of, or the amendment to, a state law, the details of which are familiar to most of them.

The movement for an adequate nursing service for the Red Cross, the responsibility for which should rest upon the shoulders of nurses themselves, goes back to 1908, when the Superintendents' Society and the American Nurses' Association appointed a joint committee to confer with the Red Cross authorities at Washington. To those who are interested in this important event in our history, we would suggest that they read the report of the Federation of Nurses, given in the Superintendents' Society report of 1909, and the report of the convention of the Associated Alumnae of that year, found in Volume IX of this JOURNAL, when the relations with the Red Cross, as they now stand, were being worked out. It was not all easy or pleasant or without some undercurrent of friction, but because we knew that we were right and because the whole nursing body, from the Atlantic to the Pacific, pulled together, we stand today the only group ready for its place in national defence.

Although this situation is so gratifying, we should not rest upon it, but should influence the young women as they come from our training schools to enroll immediately for service in the Red Cross. As we have said many times in these pages, this field service in time of war would rest largely with the younger women who are familiar with the latest hospital technique and who have not exhausted their reserve physical force by long years of professional work. To the older group would be entrusted supervision of the home organization, but like the soldiers, the younger women would be the first to be called.

In this immediate situation that is before us, while the question of defence is being considered by the people of the whole country, our older women have a conspicuous part in the work which is being done at home. They should first of all become members of the American Red Cross, the method of procedure being to enroll in the chapter nearest at hand, and should take an active part in the work of that chapter, not as nurses, but as citizens.

The Red Cross work of instructing the women of the leisure classes who would wish to give voluntary service to the government in time of war, is placed in the hands of nurses. Where there is a Nursing Service Committee, this responsibility makes a direct connection between the teaching work and the Nursing Service Department in Washington. With such affiliation, it rests with the nursing group to keep constantly before the women taking these classes its purpose, which is that in time of calamity they may give intelligent assistance to the nursing staff or fill positions of responsibility in military hospitals that would release the trained women for active nursing duties. Whether the proper attitude toward such service is maintained by

the voluntary workers rests largely with nurses themselves, working through these home groups.

In case of war, which we are all hoping will be averted, there should be no place in this country for friction between professional and lay workers and no opportunity for conditions which have existed in foreign lands. If the plans of the Red Cross are supported by the government, our soldiers would be assured the same good care as is provided for the ordinary citizen in time of peace.

The reason for the success of the nursing service of the Red Cross has been that the women of the whole country have been united in developing it. There has been no division in the ranks as to the need or the wisdom of the plan. When we shall have learned to bring this same united effort to bear on our standards of education and our laws for state registration, the results will compare favorably with that which has been accomplished in making ready for defence. The pitiful situation which has arisen in England endangers all that a splendid group of women has been working for years to accomplish. This is due to the fact that the nurses of that country have not stood solidly together.

THE NEW IMMIGRATION LAW

So quietly has a great piece of work been accomplished that few nurses in the country realize that they had any special interest in the immigration law recently passed by both houses of Congress over the veto of President Wilson. All had felt the humiliation however that arose from the fact that under the former law nurses had no professional status but were classed by the government as contract laborers, excluded from the country when engagements to fill professional positions were arranged outside the borders of our own land. In the bill which has just passed, nurses are classed with professional people, the clause reading: "Provided further that the provisions of this law applicable to contract labor shall not be held to exclude professional actors, artists, lecturers, singers, nurses, ministers of any religious denomination, professors for colleges or seminaries, persons belonging to any recognized learned profession, or persons employed as domestic servants."

The profession is indebted to Dr. Helen Parker Criswell, graduate of the Children's Hospital, San Francisco, and a resident of that city, for the accomplishment of this task. She was appointed by the directors of the American Nurses' Association to carry through this difficult and delicate piece of legislation and, working through a number

of western officials, and as a result of two visits to Washington, made at the time of her journeys east to attend the January directors' meetings of 1916 and 1917, the nursing body now is given government recognition with the professional group. This decision will in time, undoubtedly, have a marked effect on the social status of the nursing body.

A LAST MESSAGE FROM EDITH CAVELL

We are glad to reprint from the *Alumnae News* of the Alumnae Association of the New York Hospital, at the request of Clara Weeks Shaw, the following letter, written the night before her execution by Edith Cavell and addressed to her Belgian nurses. It was translated from the French and sent to the *Alumnae News* by a Dutch nurse, Miss van der Hoek, who had been one of her pupils.

My dear Nurses: I am writing to you in this sad hour to bid you farewell. You will remember that the 17th of September brought to an end my eight years as directress of the Training School. I have been extremely happy to be called to aid in the direction of the work which our committee has founded. On October 1, 1907, there were only four young pupils. You are now already quite numerous, I believe fifty including those who graduated. I have told you on different occasions about the difficulties attending our start, even in such details as the choice of words to communicate the hours of service, off duty, etc. All these conditions were new to the profession in Belgium. Little by little one service after another was established; graduate nurses to do private nursing, pupil nurses were assigned to the Hospital of St. Gilles, also the Institute of Dr. Depage, the Institute of Beysinghen, the Clinic of Dr. Mayer, and at present, many are being called, as you all will likely be later, to take care of the brave soldiers wounded in the war. During the past year our work has diminished, owing to the sad experience we are having, but in happier days to come our duties will increase with new vigor, and with beneficial results.

If I speak concerning the past it is because it is sometimes wise to look behind on the road we have traveled, and to take account of our errors as well as our progress. In your beautiful Institute you will have a greater number of patients and also all you will need both for their comfort and your own. To my great regret, I have not always had an opportunity to confer with you in person. You know what a burden I carry.

I hope you will never forget our evening talks. I told you that your devotion would bring true happiness, and that the thought that you have done your duty before God and your own conscience will be your greatest support in the trying periods of life, and in the face of death.

Two or three of you will remember our little intimate talks. Do not forget them. Having arrived at mature age, I have perhaps been able to see more clearly than you, and point out the straight path.

One word more. Beware of uncharitable speeech. Can I say—loving your country as I do—that it is your greatest weakness? I have seen many unfortunate occurrences in these years that might have been avoided or lessened if cer-

tain little insinuations had not been expressed, oftentimes doubtless without any evil intention, but resulting in ruined reputation, happiness, perhaps even the life of some one. My nurses should remember this fact, and try to cultivate loyalty and esprit de corps.

Should any of you have a grievance against me, I pray for your pardon. I may sometimes have been too severe, but never voluntarily unjust, and I have loved you all, much more than you realize.

My good wishes for the happiness of all my young girls, those who have graduated as well as those who are still in the Institution, and thank you for all the kindness you have always shown me.

Your devoted Directress,

E. CAVELL.

October 11, 1915.

PROGRESS OF STATE REGISTRATION

North Carolina has been the first state to report successful legislation in the passage of amendments which amount to practically a new bill, the text of which appears on another page. The nurses of the state made a great effort to prevent the passage of Section 7, but we understand it was supported by two church hospitals and one private one which claimed that they could not do their charitable work without sending their nurses out on private duty while in training. As we understand it, Section 6 makes the bill compulsory. The term of the waiver, which expires on June 1st, does not require the re-registration of nurses who obtained registration under the former law.

It will be seen by the news items from Nebraska, that the nurses of that state have been having difficulty in preventing an attempt to amend their registration law in such a way that women with six months' training or with two and a half years of practical experience, without training, might be admitted to the examinations. The experience of the Nebraska women shows the importance of constant vigilance in safeguarding the laws of the states.

A FITTING MEMORIAL

One of the JOURNAL'S ardent supporters has recently passed away, Fanny E. Gerard of Indianapolis, who had been partially incapacitated by tuberculosis for several years. In spite of the handicap of illness she had made a brave struggle to keep up her work and her nursing interests. At her death, a nurse friend was asked to use what would be due from her insurance policy, after paying expenses, in a way that would have pleased her. The result is that the training school of the Indianapolis City Hospital will have in its library a full set of the History of Nursing, a gift from Miss Gerard, while in the Relief Fund

report for this month appears a modest item showing her interest in other nurses in need. These simple gifts, great in meaning, should prove an inspiration to many other nurses to contribute from their abundance or from their small store as the case may be, to help their fellows over some hill of difficulty. The Nurses' Relief Fund is doing a much needed work and should have the support of every nurse in the country.

MODERN IDEAS OF DISINFECTION.

At the June, 1916 meeting of the New York State Sanitary Officers' Association, held at Saratoga Springs, Dr. George W. Goler, Health Officer of Rochester, N. Y., gave a very interesting paper entitled, The Proper and Efficient Disinfection of a House. The gist of which is that the only people who are interested in maintaining disinfection by gases are the manufacturers and the advertisers, that there is no evidence on good scientific grounds that disinfectants ever accomplish anything, and that the only real disinfection is that produced through the cleanliness of soap and water, fresh air and sunlight. Dr. Goler has under his supervision, as health officer, a municipal hospital for contagious diseases where smallpox and poliomyelitis as well as the more ordinary diseases of childhood are segregated. In speaking of the methods practised there, he says:

> In the Municipal Hospital during the past five years we have had more than 1600 cases of infectious diseases. Frequently we have had scarlet fever, whooping cough or measles and diphtheria in the same ward, cared for by the same nurses. No disinfectant of any kind has been used in the hospital, not even on the hands of nurses or physicians. We keep the hospital and its belongings clean; the nurses have learned simply to wash their hands in soap and water and wipe them on paper towels. In these five years, too, there has been less than 2 per cent of cross infection.
>
> From these facts and these results, we know that disinfection is useless and expensive. We have learned much of the uselessness of disinfection from one of the foremost sanitarians in this country, Chapin of Providence. Through his teaching and the teaching of others, we have learned not to waste our money in buying useless disinfectants and our effort in applying them. We have learned, too, that there is no such thing as the "proper and efficient disinfection of a house."

It would seem to us that the claims for disinfection in the past were due to the fact that whether done by gases or chemicals, it leaves an unpleasant odor in the room, to remove which it is necessary to throw open doors and windows and allow the fresh air and sunlight to enter freely. Every ordinarily intelligent housekeeper cleans a room thoroughly with soap and water after it has been occupied by a sick person. It is by this cleaning and airing and sunlight, done to remove the fumes of the chemical, that the real disinfection is accomplished.

NEW METHODS IN SURGICAL NURSING

By ANNA FULLER, R.N.

Cleveland, Ohio

The rapid progress which has been made in surgery within the past few years has created a demand for new methods in the nursing care of surgical patients.

The electric light treatment has been used for some little time and although in practically an experimental stage as yet, it has met with considerable success and has given satisfaction. It is very effective in the healing of open wounds. Its power to bring serum to the surface, its even heat, its easy adjustment, its replacing of hot wet dressings which are so soon cold, soggy and uncomfortable, even though often changed, and the great comfort derived by the patient, all commend it.

Often the light is applied as a continuous treatment, while at other times it is applied for three or four hours, then discontinued, and either dry or hot dressings are alternated according to the demands of the case. In the majority of cases the healing time is lessened about one-third. Shorter periods of one-half hour to one hour, alternated with hot dressings, are better for skin-grafts, as longer periods of light tend to dry and curl the graft edge. Any ordinary drop light may be utilized for this treatment by using an improvised crane or bed cradle from which to suspend the light in a proper position about four to six inches from the wound. A shade to concentrate the light and heat may be made quickly and economically by sheet cardboard and brass clips. This will fit any part or position of the body. For routine application, as for abdominal or goitre incision, a shade may be made of tin, with perforations an inch from the skin surface, to prevent a warm edge coming in contact with the patient's abdomen or neck. Bulbs of different colors have been tried, white, blue, red, and green, but there seems to be no appreciable difference except, possibly, in the psychological effect upon the patient, blue being preferred by most. Of the carbon and Tungsten bulbs, the carbon are better and give more heat. When possible, wounds may be exposed to the direct rays of the sun, the result being much the same in both treatments.

In cases where wounds are in need of fluid irrigation, excellent results are obtained with the use of either Wright's solution or hypochlorous solution, the latter, possibly, being better known as Carrel Dakin's solution. Both of these solutions are used in the same man-

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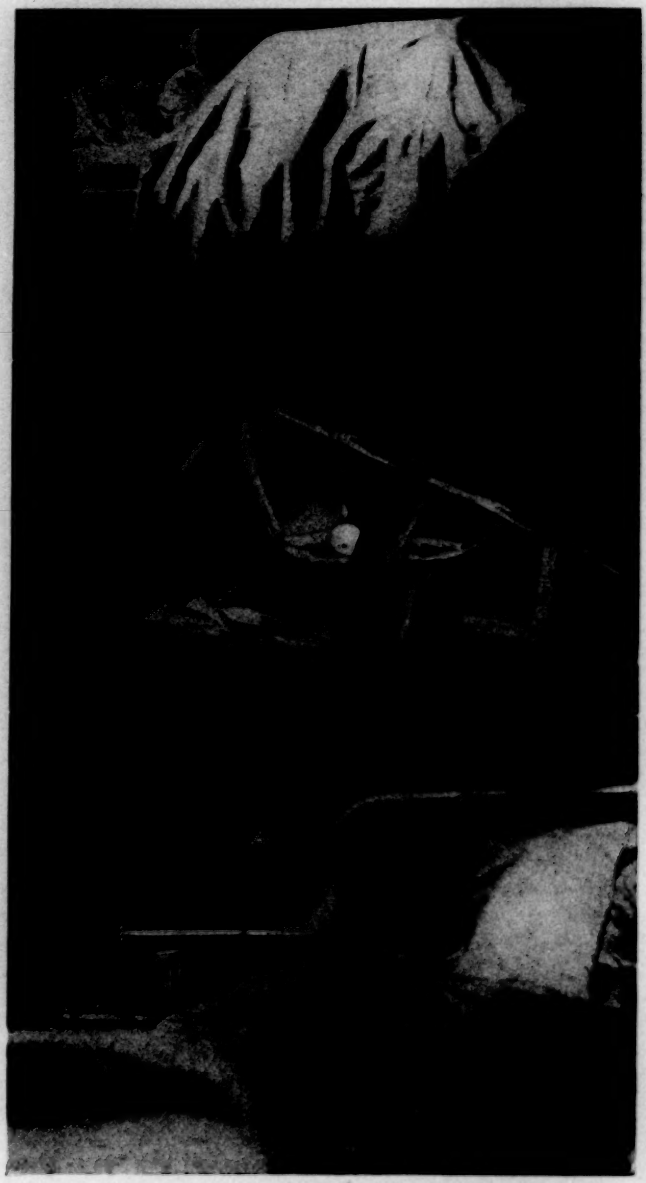
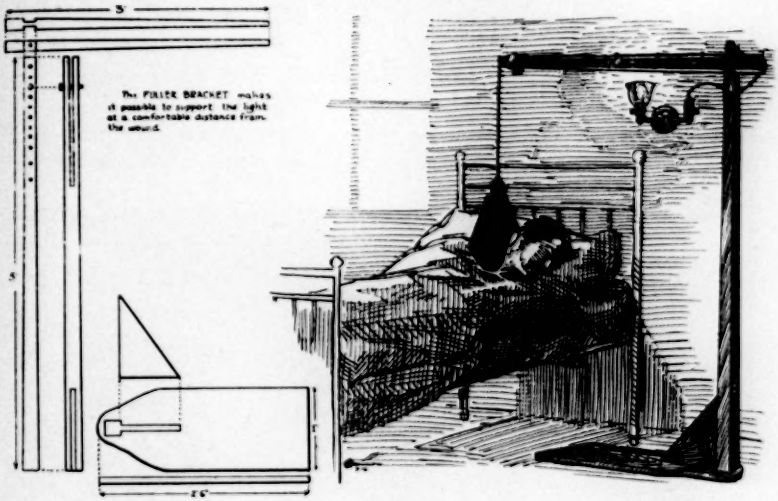
No. 3



NO. 1. THE LIGHT TREATMENT FOR OSTEOMYELITIS
NO. 2. THE SAME, WITH CRADLE UNCOVERED
NO. 3. THE SHADE ABOUT THE LIGHT


The FULLER BRACKET makes it possible to support the light at a comfortable distance from the wound.

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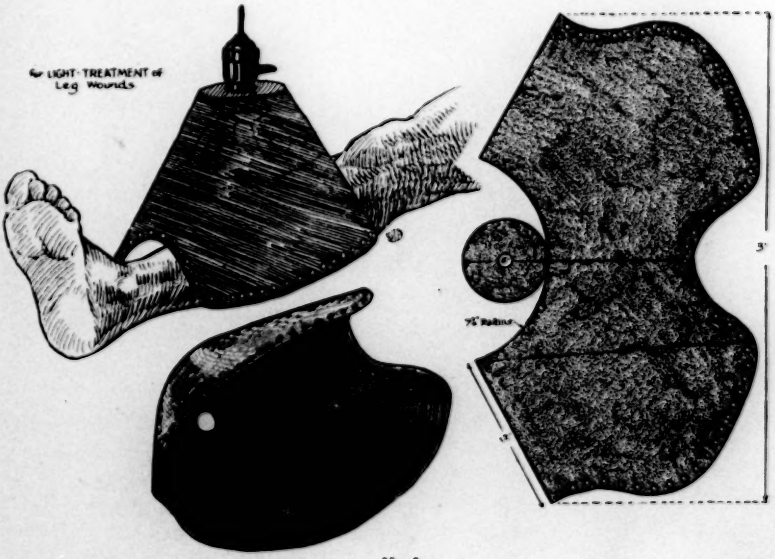
for LIGHT-TREATMENT of Leg Wounds

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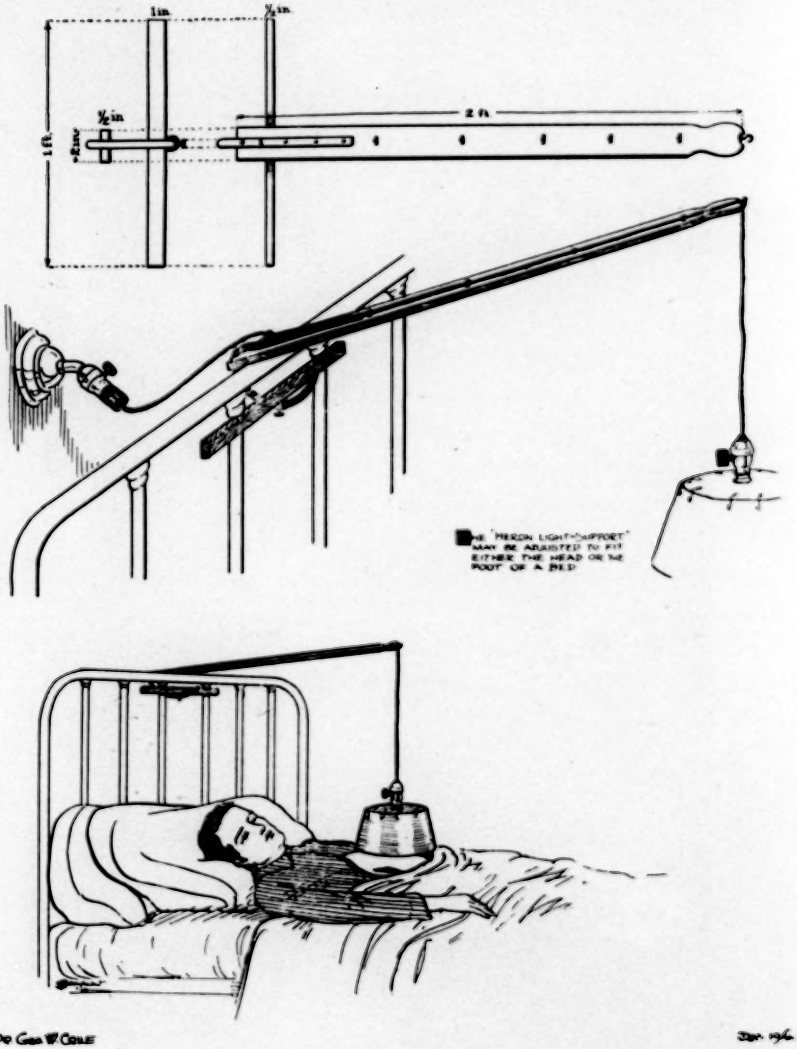
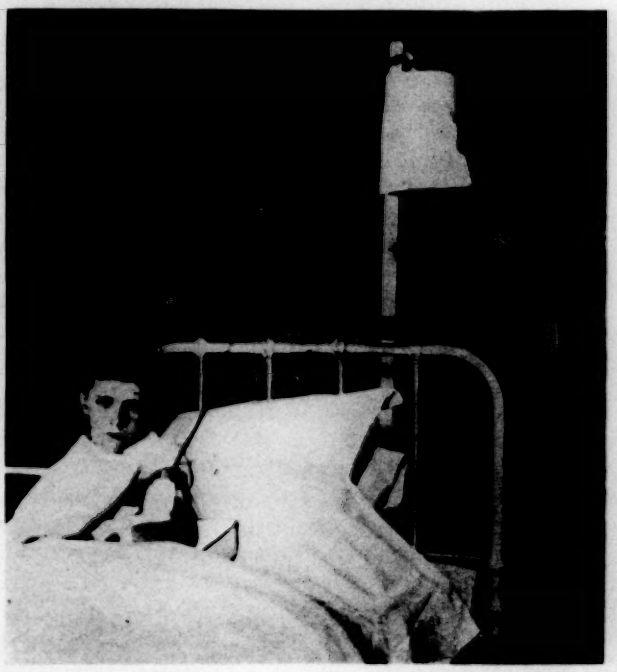


DO Gen W Coble

Dec. 1926

ner, a Murphy drip outfit meeting all demands and requirements for the carrying out of the treatments if well set up. For most cases, a Kelly pad is sufficient for the protection of the bed, a foot-tub being used to catch the drainage. In other cases, as for an arm, a small basin is placed in such a position as to catch the constant dripping, the arm being suspended by a sling. This method works best for arms, back or abdominal wounds, whereas if a larger area, such as a



NO. 7. ARRANGEMENT FOR IRRIGATION

large wound of the leg is to be treated, a more satisfactory result is accomplished by the elevation and making up of the bed in the same manner as is done for a slush bath.

These solutions are used to excellent advantage for hot wet dressings, giving more prompt results than from boracic or bichloride dressings. Hypochlorous solution is very effective as a soothing, healing, and deodorant mouth-wash for carcinoma of the mouth, before and after operation or cauterization. Wright's solution is made by using

sodium chloride three parts, sodium citrate one part, and water 96 parts. Dakin's solution is made of chloride of lime, 200 grams; sodium carbonate (dry) 100 grams, and sodium bicarbonate 80 grams. Into a 12 litre flask, put the 200 grams of chloride of lime (bleaching powder) with 5 litres of water and allow to stand over night. Dissolve the 100 grams of sodium carbonate and 80 grams of sodium bicarbonate in 5 litres of water. Combine the two solutions, siphon the clear fluid, strain, and keep in a dark bottle or jug. This solution is the most powerful antiseptic known which possesses the combined virtues of healing, cleansing, and prophylaxis with no tendency to injure or destroy the tissues. It has been also a very useful and helpful factor in the treatment of wounds in the war zone.

A very efficient and successful treatment for the prevention and cure of peritonitis is found in the Alonzo Clark treatment. This consists in the giving of an abundance of morphia. The dose varies from $\frac{1}{8}$ grain to $\frac{1}{4}$ grain depending upon the age and size of the patient. The effect desired is diminished peristalsis, less abdominal breathing and an entire quietus of the whole area involved. To obtain this condition the rate of respiration must be kept as low as 12–14 per minute. It is sometimes necessary to administer as much as 1 or 2 grains in from ten to twelve hours to get the desired effect and to be able to control it with a repetition of the initial dose every two or three hours. Great care and observation are imperative in taking and recording the pulse and respirations. Any decided change should be promptly reported to facilitate immediate coping with the situation. Whenever possible, the patient should be in a separate room or away from other patients thus avoiding unnecessary confusion or possible excitement which would tend to increase respirations.

Owing to the study and keen observation in the methods of blood transfusion, newer and more adequate appliances have been introduced which make it possible, when necessity demands, to successfully transfuse a patient without removing him from the ward to the operating room, thus avoiding any undue exertion or loss of strength of the patient and minimizing, to a certain extent, loss of time for the doctor. Transfusions are being done not only for cases of hemorrhage, but for cases of extreme anemia, diabetes, leukemia, goitre, tuberculosis and chronic infections.

The intravenous use of magnesium sulphate in the treatment of puerperal infection was introduced by R. R. Huggins in 1910, who obtained excellent results and unprecedented recoveries, although a definite therapeutic explanation was lacking, in spite of theories advanced by several men. A 2 per cent solution is best to use, as it has

been shown that any marked variation from this may cause blood changes (hemolysis) and severe temperature reactions. In the making of this solution freshly distilled water is a very important item. Magnesium sulphate C. P. is to be used with the water, filtered very thoroughly and sterilized in an autoclave. An ordinary intravenous outfit is sufficient. The same vein may be used a number of times, as it is not necessary to cut down on the vein. Most important is the fact that the solution must be given very slowly, as a too sudden entrance of the solution may cause paralysis of the vital centers, the first indication of which is a slowing of the respirations, which condition may be helped by giving camphor oil, although paralysis may last an hour or more. As a rule, 300 cc. may be given with impunity. The results in a number of our cases are not as satisfactory as we could wish, owing to the fact that the majority of patients come into the hospital after the toxin has fixed itself to the body protein, and even though the causative factor has been removed, the damage has already been done. When the cases are seen early in the infection, we can say that they are materially improved and that convalescence is hastened.

Nurses having charge of the teaching departments of the hospital are being awakened to the opportunities open to them. They are interesting themselves more and more in encouraging and assisting individual students to greater scientific thought and in taking the initiative in developing more efficient results from the nursing procedure.

With the increasing new methods in surgical nursing, the need becomes very apparent for private duty nurses to keep in touch with advanced methods. This can be done by post graduate courses or by attendance at the clinical lectures given to medical students, to which nurses are sometimes invited.

More and more the trend in nursing service points to the intelligent comprehension of the object to be achieved, rather than to the perfect technic of certain procedures, which are often interpreted as merely mechanical processes.

Note. The Herron Light Support, shown in illustrations 6 and 7, was the invention of Marguerite Herron, a student nurse. **The Journal** is indebted to the Lakeside Hospital of Cleveland and to Dr. George W. Crile for the accompanying illustrations.

THE DIGNITY OF SERVICE[1]

By REESE PATTERSON, M.D.

Knoxville, Tennessee

One-half of the world is occupied in ministering in one way or another, commercially or otherwise, to the other half. To which half would you rather belong? Would you choose the red blooded, active, virile, fruitful life of the server, or the receptive, opulent, self-satisfied life of the served? would you choose a life full of purpose, full of activity, with a great good end in view, or a life of abundance, surfeited in all those things that make labor sweet, and endeavor fruitful? The lives of many who inherit great riches resemble a cone with its base at the beginning. Every joy is theirs while they are young and while they are able to drink deep at the fount of physical pleasure but it dwindles away to a cone tip of an old age of ennui and satiety.

You, as nurses, and we, as doctors, must deal with that great class of humanity who are served, not from choice, but from necessity, and it is in this work that we get the reward of grateful appreciation. Happiness consists largely in caring for other people and making them happy. The man or woman who has never felt the joy of unselfish service to others has missed the very keynote of the theme of life. He has kept the shell with the kernal gone; he has built a bridge across a dry river; he has pulled the throttle on a train on which no one rides; he has run the race of life with the aimless treading of a squirrel in his revolving cage; all he does is to turn the wheel. He is going, but where, and to what purpose? Wealth may be his in countless abundance, every comfort his for the asking, yet if selfish, he pursues his solitary course through life and puts not his shoulder to the wheel to uplift humanity and make its burden lighter; he is unfaithful to a sacred trust.

If there is no joy and dignity in the service of humanity, why do countless thousands of men and women elect to devote their lives to such professions and occupations as medicine, nursing, the ministry, to work in missionary fields, to brave sickness and even death itself with little financial recompense, often being denied the pleasure of seeing the fruits of their labors? It is because, deep-seated in the

[1] Read at the convention of the Tennessee State Nurses' Association, September 15, 1915.

human heart, there is implanted by the Maker, love for humanity, and happy is he who stifles not the call to service.

As I contemplate the field of endeavor of your profession, the greatest profession unique to woman, I feel that you are peculiarly blessed. That you are paid for your services is true, but can dollars and cents measure the countless value of a word of advice so often given by the faithful nurse to a hungry soul on the brink of eternity, which may direct a departing spirit to a better world? That is your privilege. Can paltry money repay the nurse for the words of tender sympathy and encouragement she so freely and constantly gives to uplift and support the suffering patient, as she entices him back to health and happiness by her tender ministry? Can any earthly value be placed on the friendships thus formed?

A German soldier lay wounded and dying in a field hospital, in the spring of 1915, on the border of France. It needed but a glance at his handsome face to see written there intellect, culture, refinement, and earnestness of purpose. Yet a cynical smile played from time to time over his face, and then a look of pain would mar its aspect. All his life his gifted pen had assailed the facts of the Sacred Book; higher criticism had been his delight, and countless souls had been set adrift on life's highway, believing nothing, questioning everything, by his masterly writings. Yet as he faced eternity, the pleasure of intellect, the pleasure of living receded into the background of obscurity, and he realized a great longing for something he did not possess. He felt the need of a hand to steady him, but he groped in the darkness of doubt and gloom, a ship without an anchor, a derelict on the ocean of life. Just then a surgeon hardened to military service came in and surveyed him with cold professional eyes, took note of his hopeless condition, then turning to a woman at his side said, "Nurse, make the poor fellow comfortable if you can." The man looked up and saw bending over his a face that might have belonged to an angel, the lovely face of an American Red Cross nurse. Tenderly she smoothed his pillows; softly she applied the dressing to his mangled body; gently she gave him the hypodermic to ease him, and then bringing forward what little German she could command she said, "My fine, brave fellow is there anything on earth I can do to help you, any message to the loved ones, any doubt in your mind I can clear up before you go, any advice I can give you before you are forced to leave us?" The poor fellow, after listening for a few moments, said, with tears streaming down his face, "Write to my wife and babies that America, God bless her! has sent an angel to show me the way to heaven." Then raising his mangled body from the bed he summoned his remaining strength, and saluting

the flag of his country that hung on the ceiling exclaimed, "Long live the Kaiser! Long live the Fatherland! Long live America."

Is the nursing profession dignified? Yes, you have made it dignified. Well do we remember the time when a nurse had as little scientific training as a well trained hospital orderly now possesses. Well do we remember when the personnel of the profession was such as to bring discredit and reproach on its very name, leaving a heritage of unsavory thoughts in the mind of the laity that even you of the present day must still struggle to overcome. Yet think what the profession stands for now! When I look into the faces of girls who are the very cream of our young womanhood, and see written there earnestness of purpose, keenness of intelligence, enthusiasm and pride in a great work, I cannot but pity their sisters of several generations ago who did not enjoy their enviable lot.

I do want to stimulate in you a new joy in noble service to others, to stimulate that feeling which will prompt you to say, "Do you need me?" instead of "How much will you give me?" If you have entered upon your profession expecting nothing but the pleasure of your income you are doomed to disappointment and unhappiness. Doctors and nurses do not get rich; but may you be permitted to enjoy such an enthusiasm in your work as to render your life a fullness of joy. May you have that deeper, broader pride which comes from the knowledge that you are the right hand to the profession to which is intrusted man's physical destiny. What a trust!

You may never hear your name heralded abroad like a Frances Willard, or a Joan of Arc; the crowds may never follow you in humble reverence as they delighted to do Madame Recamier; you will never wave the scepter of Elizabeth, or Catherine the Great; you may never hold the gifted pen of a George Eliot, or a Mrs. Browning. Your millions may not endow hospitals like the funds of a Helen Gould, nor will you sing the divine melodies of a Jenny Lind, but sisters to all mankind, it is your priceless privilege to minister to suffering humanity wherever it may be found, and to surround your life with a halo of love and gratitude a world of gold could not purchase.

THE UNVACCINATED.—The *Bulletin* issued by the Minnesota State Board of Health says people have smallpox because they prefer it to vaccination. The whole population pays for the privilege of having smallpox, monopolized by the unvaccinated.

A HOSPITAL GARDEN

By KATHERINE I. ELLISON, R.N.

Boston, Massachusetts

The nurse was disturbed. The young mother with the new little baby had an unaccountable elevation of temperature; the baby was fretful; the young father, nervous; the doctor, grave; and their combined influence was such that the brave serenity and cheerful confidence of the nurse was temporarily affected. This nurse always expected her patients to do well, she expected this young mother with the starry eyes and bronze hair to do well, but her weariness, caused by busy days and wakeful nights, her deep interest in the little family, and the atmosphere of uneasiness, dampened, for the nonce, her usually ardent spirits. She stood at the back window and felt, as she looked down into the disordered back yard of the little hospital, that there were times when life's aspect was grey, indeed. But her sub-conscious mind was so well trained to look for cheer, that, in a few minutes, there flashed into her mind these lines:

> In all places, then, and in all seasons,
> Flowers expand their light and soul-like wings
> Teaching us, by most persuasive reasons,
> How akin they are to human things.

"There is no connection between flowers and that dreary ash-heap," thought she, then, almost immediately, "why shouldn't there be flowers, there?" Still standing at the window she began to imagine how the yard would look with bushes and vines and plants, instead of ashes and stones and piles of bricks and dirt.

This was one of the ways she used, to keep cheery and helpful. When she could not take a walk, or sleep, or visit or play, because her duty held her, she could think pleasant thoughts and her body as well as her mind was freshened.

Now, this was a very small hospital, and the nurse, instead of eating her meals alone, ate them with the doctor and his family. At lunch that day, the doctor, remarked "It is time to have the ashes hauled out of the back yard."

"I was looking out there this morning," said the nurse, "and wondered if we could not have a garden, there."

"Oh, do let us have a garden," begged the doctor's pretty wife. And that was the way it happened.

The débris was hauled away, which cleared the field for action, and while this was being done, a neighbor looked over the fence, and asked, "Did the Civic League get after you?"

Any one who has ever helped to transform an ash-heap into a garden-spot knows how much thought and discussion and consultation is involved. After weighty deliberation, a border three feet deep, all around the yard, was decided upon.

A hospital, however, "Private" it may be, belongs to a certain extent to every one in the little town, and when it became known that a garden was in way of becoming a reality at the hospital, every well-established garden in town contributed "slips," and bulbs; and the owners of said gardens brought down from their shelves, the old sugar-bowl, jar or whatever held the seeds from last year, and generously divided with the new gardeners.

With each gift of nasturtium or sun-flower seeds, or slips of golden-glow or phlox or iris or valley lilies, came many valuable suggestions. Several hollyhocks were given, with the regret that these flowers never bloomed the year they are transplanted, but they did bloom and that very freely. A basket containing slips of white clematis and columbine was left in the vestibule one evening, and now that white clematis grows all over the fence, and the columbines have been separated several times.

Despite frequent and free donations, however, there were expenses. Garden tools and some flowers that were desired (to be different), had to be bought.

So much enjoyment had been experienced by the planning, miraculous transformation, and spontaneous interest of friends, that to just take the needed money out of one's purse was not to be thought of for a minute, so a "Hot Weather Fund" was devised. When any one complained of the weather, she was fined five cents, and at first the nickles came in right merrily.

Much merriment was occasioned by the persistent demand to have a "bed in the middle of the yard." So universal seemed the desire for this decoration, that one almost felt the right thing had not been said, if a visitor saw the garden and failed to make this comment.

Rain fell so opportunely that the hospital garden obtained a local reputation that threatened the usefulness of the Signal Service.

Do not allow the impression to grow upon you that no untoward incident befell, and that all was easy and delightful; this is a true story.

For instance, the tiny green leaves of the double sun-flowers, when they appeared, looked like weeds to the inexperienced eyes of the

nurse, and forgetting anything had been planted in that spot, she raked them all up. But there were many delightful, instructive and interesting conversations that had the pleasant stimulus of the hospital garden. The new gardeners were invited to inspect old gardens. At one, they found orderly beds, magnificent old trees, and beyond the garden fence the practical and extensive supply grounds, where the seeds were started and the small plants grew large enough for thinning and transplanting. One moralized, here, to the effect that character, too, should be grown in soil deep and rich, having a reserve of strength and confidence which would enable one to meet unexpected and unusual demands. In another garden, the perfect rotation of blooms was explained, the ingenious arrangement of plants admired, and rose bushes seen that were blooming and had bloomed for fifty years in that same garden.

And so, aside from the improved condition of the back yard, the hospital garden gave much pleasure. One pleasant experience followed another, drives, discussions, comparing of notes, every growing thing in any garden almost a personal friend, because of the interest in the one. Later, the new gardeners were also privileged to give away plants and from the first corn-flowers, early in June, until late in October, the patients had vases of flowers in their rooms. These were more enjoyed than orchids, though they were so homely.

And the starry-eyed young mother did get well, and the baby was given the nurse's name.

Go make thy garden as fair as thou wilt
Thou workest never alone
It may be, he whose plot is next to thine
May see, and mend his own.

In a paper by Doctors W. Gilman Thompson and William H. Sheldon, as reported in the *New York State Medical Journal*, the opinion is given that blood pressure is increased by smoking.

THE HOSPITAL X-RAY NURSE

By LOUISE B. D'ARBY, R.N.

Kansas City, Missouri

It has been only within the last few years that the Roentgen laboratory work has been a part of the nurse's training, but x-ray work is taking rapid strides in the land of science, and training schools are beginning to wake up to the fact that this is a valuable asset to the nursing profession.

I know of hospitals which, not so very long ago, did not allow the nurses inside the laboratory door. This was "safety first" and an important thing but there is not so much danger in these days with our modern machines and lead glass protectors; however, the x-ray nurse cannot be too careful in her manipulation of wires and tubes, sometimes very severe burns occur when least expected. A nurse should always stand away from the tube when the rays are in action, and when on regular duty in the x-ray laboratory, she should not expose herself unnecessarily, for we must remember that x-rays are like accumulative drugs and the action may be felt years after; the Roentgen apparatus has not been in use long enough to determine the danger; so the first hint in the work of the x-ray nurse is still "safety first," for herself and for her patient.

I had occasion, the other day, to meet one of the pioneers of radiography and therapy; one arm was gone, the other hand flecked with scars and burns which may eventually become carcinomatous. He tells me that he does not have to be in the room with active rays to feel their effects. His system is overloaded with their effects. Be careful!

Our laboratory is very well equipped and I think perhaps a sketch of it may be interesting to others who help in the x-ray room.

The fluoroscopy room has both the horizontal and vertical tables. The current is turned on in the switchroom and manipulated and regulated by a footswitch after the room is darkened. In this room I keep the "bismuth-meal tray" and the standard with enema apparatus ready for use. For a meal, I prepare barium sulphate, oz. iii, mixed with water to a paste and then add, fermented milk oz. xiii. When presented to the patient, I generally precede this with a glass of chilled water with oz. i of barium sulphate. Therefore the patient gets about three glasses of barium mixture at a meal.

For an enema or colonic filling I prepare barium sulphate, oz. iii, dissolved in water, q.s., kaolin, oz. iv, dissolved in water, q.s. Add this to 3 pints of tepid water. However, I usually make this up and store in one gallon quantities, and by adding a little hot water to heat instantly, I have an enema ready in almost no time.

The radiographic room contains both vertical and horizontal stereoscopic table and all radiographic diaphragms, surplus tubes, etc. I also keep here the necessary things for pyelographic cases, such as irrigators, etc.

The therapy room contains the tube stand and table for therapy and also the electro-thermic machine, the diaphragms and filters (aluminum and sole leather), area markers, sandbags, wooden angles and everything that we would use in giving treatments.

The machines are all manipulated from the switchboard in a separate room, called the switchroom or office, for here is kept the desk and typewriter, plate filing cabinet, stereoscope and plate storage. A lead wall divides this room from the others but is fitted with lead glass windows, so that every machine can be seen from the switchboard.

The dark room is very much like all dark rooms except that it can also have light and plenty of fresh air by opening the light-proof shutters and the window behind them. This room contains a Bowen tank, has hot and cold running water and porcelain draining sink, also an illuminating box and plate rack.

All the rooms are double ventilated, so that the ozone odor is quickly gotten rid of and the patients feel no ill effects of a closely-closed room.

Our work is done very quickly and silently and although our department is on the same floor as the maternity, there are never any complaints of noise, for the transformer is in the attic and the only sound is the purring of the motor which is really not at all annoying.

Filing system.—Requisition cards are distributed to the different floors. When a patient is ordered for x-ray examination, a card is filled out and sent immediately to the laboratory. A plate of lead letters is made of the patient's number and the date and a marker for "right" or "left" if necessary. This marker is placed on the plate before the ray and thus each plate is marked. After the plate has been developed and the diagnosis determined, a report sheet is filled out in duplicate from data on the requisition card and the findings of the roentgenologist are set down. The size of the plates used are checked off and the plates filed according to date and size, all 8-inch by 10-inch plates together, etc. One copy of this report goes to the floor to be inserted in the patient's chart, the other is filed in the permanent file in the laboratory, according to the first letter of the last name of the

patient. This is a simple way to locate plates. When a patient is discharged from the hospital, the detachable portion of the report sheet on the chart is filled out by the clinician and torn off. This is sent to the laboratory and we are able to check our conclusions against the clinical diagnosis.

Preparation of patients. When a patient is ordered for a pyelography, he is prepared in his room. The area is scrubbed and a sterile pad applied. Operating stockings and gown are put on the patient and he is either brought to the radiographic room in the wheeled chair or on the carriage. The room is set up the same as for an ordinary cystoscopy with the x-ray extras; ten minutes is my limit for preparing the room.

For colonic fillings, two cleansing enemata are given one-half hour apart before the patient comes to the fluoroscopic room; this does away with a good many of the fecal and gas shadows and makes the filling much more comfortable for the patient. However, this is not done without the consent of the doctor in charge, for there may be some reason why he does not want the bowel disturbed. Unless for the same reason, two cleansing enemata should be given in the same way after the patient returns to his room in order to rid the intestines of any barium residue. Patients ordered for barium or bismuth meals are not allowed any breakfast and this meal, which is served in the x-ray room, is much more palatable when it is really chilled. The cream of wheat and barium meals are usually served in the patient's room about six hours before the examination. All previous treatment is carefully recorded on the requisition card and on the chart of the patient.

I sincerely believe that the Roentgen laboratory will play a very important part in the future training of the nurse and I think every pupil nurse should be taught how to prepare and give the necessary assistance to the roentgenologist in an intelligible manner. Not only will attendance at x-ray examinations tend to educate in the most advanced addition to medicine and surgery but it also strengthens and perpetuates the study of anatomy and physiology.

SUTURES AND LIGATURES

By ELIZABETH SELDEN, R.N.
Grand Rapids, Michigan

Historical sketch of their use. It is known that sutures and ligatures of various materials have been used occasionally by surgeons for the closure of wounds and for the control of hemorrhage from a very early period. For many centuries in India and China little or nothing was known about ligatures and their use; hemorrhage was entirely controlled by means of the cautery, boiling oil, and pressure. In fact, for a very long time in all countries only here and there were ligatures used by surgeons. Albucasis, a famous physician of the Arabian School, who lived and wrote in 1105 B.C. speaks of the use of ligatures. They were used by Galen in the Alexandrian School in the first century B.C. and were introduced into Rome by Euelpistus shortly before the time of Celsus. Among the Hebrews, as witnessed by the Talmud, the Rabbis were acquainted, prior to 200 A. D. with the use of sutures for the closure of wounds and with ligatures for the control of hemorrhage.

For the first sixteen centuries of the Christian era, hemorrhage was controlled by means of the cautery almost without exception. In 1564, Ambroise Pare, a French surgeon, earnestly advocated and practiced the use of ligatures. The German surgeons up to the seventeenth century controlled hemorrhage by the use of the cautery, even Fabricius Hildanus, called the Father of German Surgery used it in preference to ligatures and sutures for wounds. Spain, in 1580, was checking hemorrhage by the use of the cautery and as recently as 1620, Alexander Read, in England, speaks of ligatures as a dangerous toy. During the latter part of the sixteenth century and the beginning of the seventeenth, Fabricius a surgeon of Padua, Italy, whose surgery was mainly that of Celsus, of Paul of Algina, and of Albucasis, used ligatures and speaks of animal sutures.

During the seventeenth and eighteenth centuries, Matthias Gothfried Purmann, a famous German surgeon, wrote of the control of hemorrhage by means of pressure, styptics and bandage; though objecting seriously to the use of the cautery, he did not mention employing ligatures. England, throughout the first part of the seventeenth century, with few exceptions, controlled hemorrhage by the use of the cautery.

Kinds of ligature and suture materials. The ligature and suture materials are of two varieties, non-absorbable and absorbable. The principal nonabsorbable ligature and suture materials are silk, linen, silkworm gut, horsehair, wire (silver, gold and iron) and Pagenstacher's celluloid hemp. The chief objection to their use is that a condition of encystation is produced, caused by the presence of a foreign body in the tissue, resulting in irritation and the forming of pockets and sinuses. The absorbable ligature and suture materials are catgut and kangaroo tendon. These serve the same purpose as the nonabsorbable, and as the name indicates, are eventually absorbed by the body tissues. Of these two kinds, the nonabsorbable were more generally used in modern times until 1890, when the great English surgeon, Lister, with perfected operative technique, demonstrated the successful use of the absorbable variety.

As has been said before, the absorbable ligature and suture materials have been used from early times. Albucasis describes the stitching together of wounds of the bowels with fine threads made from the intestines of animals, and the Arabian writer and surgeon, Rhazes of Bagdad, 900, A. D. tells of similar treatment for wounds of the abdomen, using as suture material strings from a harp, these being made of the twisted intestines of the sheep.

In more modern times, Dr. Physic of Philadelphia introduced an animal ligature and claimed satisfactory results from its use. This consisted of narrow strips of chamois leather rolled on a slab to make them round and hard. He tells us that these ligatures are better than silk, as they are absorbed by the fluids of the body after they have performed their function. Although Dr. Physic used these ligatures from 1806, he did not publish his results until 1814. Many surgeons in America also used these animal ligatures as did Sir Astley Cooper in England. However, for a short period they fell into disuse, but were again introduced in 1830 by Dr. St. George Jameson of Baltimore. Later, again, the animal ligatures and sutures fell into disuse, because of the septic condition of the wounds following surgical operations, which existed at this time as a result of ignorance regarding the technique in operation. This septic condition of the surgical wounds was believed to be caused by the animal sutures and ligatures and for a very long period of time they were little used by surgeons until Lister demonstrated that suppuration of wounds was caused by the introduction of germs from outside the body, and that if there were no germs there was no infection, suppuration and inflammation. This discovery of Lister's allowed the reintroduction, and successful use of aseptic animal ligatures, and sutures. After this, Lister used catgut which had been

soaked in a solution of carbolic acid, as suture material. So far as the buried animal sutures are concerned, it was for the first time, in 1870, that Dr. H. O. Marcy of Boston, a student under Lister, used the aseptic sutures in operation for strangulated hernia with good results.

Preparation of the material. During the last forty years many different substances have been put forward as making ideal suture materials, such as the tendons from the tails of the rat, squirrel, opossum, kangaroo and from the legs and fascia lata of the moose, cow, deer and other animals. These all have been rejected except the kangaroo tendon, and catgut, which are about the only animal absorbable sutures and ligatures now used by surgeons. The kangaroo tendons were introduced as a substitute for catgut by Dr. Marcy, as aforementioned.

The best kangaroo tendons come from the tail of the small Australian kangaroo, or wallaky. The tendons from a freshly killed animal are dried in the sun, and are comparatively free from germs. They are then made into bundles ready for shipment. The bundles as they come are soaked in a solution of corrosive sublimate until soft; the tendons are then separated, cleaned, and dried straight on sterile towels. These tendons are then chromicized by immersing them in a solution of potassium dichromate for varying lengths of time, and are then preserved in sealed tubes of boiled linseed oil or chloroform. Each tendon is prepared to resist absorption by the tissues, in the striated muscle for thirty days, and one-fourth of this time in serous, and mucous membrane as well as in the cervix uteri and perineum.

The objections to the kangaroo tendons are the expense, the comparative scarcity of the raw material at present, and the fact that less than ten per cent of the tendons are of a size small enough to be used. To overcome this last difficulty the manufacturer splits up the coarse tendons into the proper sizes. This, however, is far from satisfactory, as the tendons are rough, show weak spots and are apt to split again. The sizes usually range from fine, medium to heavy.

Catgut. The word catgut is a corruption of the German word kitgut. The "kit" was an old German musical instrument on which gut was used as strings, hence came the word kitgut. This word was gradually corrupted by use, language and age, until finally it was changed in its spelling to catgut.

The commercial catgut suture material is obtained from the small intestines of the sheep. It is produced in Italy, Switzerland, Germany and America. The best on the market is that made in Germany. The American product is not at all satisfactory, it is poorly twisted, has not the tensile strength, and is very rough.

There are many methods of preparing the intestines for surgical

purposes, such as suture and ligature. The first step in the process is the removing of the mucous, muscular and serous membranes from the connective tissue.

There are two ways by which this is accomplished, one is by placing the gut, after separating it from the mesentery, in a tub of cold water, and allowing it to decompose, after which it is split into ribbons. The mucous, muscular and serous coats are then removed by scraping with a knife until only the connective tissue is left intact. The disadvantage of this procedure is that there remain more or less particles of muscle and membrane, which cause great difference in the strength of the finished catgut suture.

The other method is the cumol treatment of the gut. The catgut from a freshly killed sheep, after being separated from the mesentery, is placed in cold water to take out the animal heat and to check putrefaction. It is then split into two portions by means of a round blunt pointed piece of wood, having razor-like blades attached to its periphery. The gut is drawn over the instrument and split into two parts. The split gut is placed in a tub containing a one per cent solution of sodium-bicarbonate. It is then taken from the sodium solution, scraped by means of a machine consisting of a set of rollers which draws the gut between a smooth cylinder below, and a rapidly revolving paddle wheel above, the latter revolving in an opposite direction to the movement of the gut. The ends of the blades of the paddle wheel are provided with flexible leather flappers which beat and scrape the side of the gut uppermost. The gut goes from the scraping machine into fresh sodium bicarbonate solution. This process of scraping and soaking in the sodium solution is repeated six or eight times until both sides of the gut are cleaned of everything but the submucous connective tissue. It is then bleached and disinfected by being placed in a solution of hydrogen peroxide one-third, to water two-thirds, to which has been added sufficient sodium bicarbonate to render it neutral. The solution is heated to 90° F. and is kept at this temperature for six hours, after which the gut is ready for twisting. Prepared in this way, the gut is free from muscle and mucous membrane or peritoneum.

The gut is now in three strips varying from ¼ to 1 inch in width. Chemically the gut now consists principally of collagen, which upon boiling with water is turned into gelatine. In addition there are proteins and albumenoids not convertible into gelatine, and small quantities of fats, resins, waxes, and inorganic matter. On account of the adhesive quality of the prepared gut it can be twisted into an almost homogeneous strand.

The strips are now placed in the twisting machine, a number of

strips being twisted together according to the size of the strand to be produced. The twisting machine consists of a stationary hook to which one end of the gut is fastened, and a hook in the center of a small wheel to which the other end is fastened, the gut being under slight tension. The wheel is rotated by means of proper machinery, until the gut is twisted to the correct amount. After twisting, the strand is dried under tension, is then sandpapered to remove the rough surface, and is rubbed down with emery paper. The dust is removed by washing with water, after which it is dried, gauged, and made up into rolls for market.

Reference: "Absorbable Animal Ligatures." By Thomas Berryhell, Medical Director, U. S. Navy.

(*To be continued.*)

Dental Service in Canada. *The Army and Navy Journal* says that there is now in operation at Toronto, Canada, the biggest and finest military dental clinic in the whole Dominion. The building, 155 feet in length by 50 in width, is the only one painted throughout in white. . . . Since the start of the war the dental clinic in the Toronto military district has, by attending to the teeth of recruits, made possible the enlistment of 10,000 men who otherwise would have been rejected as unfit for overseas service. In the dental building at Toronto already 100 soldiers are being treated daily, and 450 operations performed. There are twenty-five dental chairs. Sixteen officers and twenty-five N. C. O.'s now compose the dental staff. Later the staff will be increased to about double the number. . . . In the dental stores department, are nearly $10,000 of dental supplies and equipment. The stores include a complete stock of drugs, apparatus and artificial teeth. The dental building is modern in every way, electric lights in all rooms, also hot and cold water beside each chair.—From the *Journal of the National Dental Association*.

THE DEFECTIVE CHILD[1]

By MARY R. SWARD

Formerly Psychologist at the School for Feeble-Minded Children, Glenwood, Iowa

In attempting to present this discussion so that we may see that the field concerning the defective child is a vital and most interesting one for persons engaged in the nursing profession, many things come to me of which to tell you, the various degrees of defectiveness, the special groups as our physicians distinguish them, the causes that contribute to give us that part of the population which is *feebly gifted*, the treatment of malformations and deformities, all the physical weaknesses and conditions which often accompany the mental disability. You see there are many phases.

However, today, I am going to confine myself to the discussion of the child under five years which is, for some known or unknown reason, mentally below normal, and give you a few points in regard to the treatment, mental and physical. Perhaps already you have had experience with this class of patients, know their ways and have an adequate system of dealing with them and dealing with the relatives, for with so young a child, there is usually a family, which the nurse has to win or lose, as well as the child.

If you have not met with this problem, sooner or later it will confront you, and you will be called upon to use your knowledge and judgment. One cannot be versed in every phase of nursing, perhaps, but if your mind is an *inquiring* one, you will want to know some of the general points in this special work, so I endeavor to present them, considering four points.

1. Normal intelligence.
2. Development of the senses.
3. The tests for mentality.
4. Training and active treatment.

First. In estimating normal intelligence, we must, of course, have a clear conception of the normal. What does a normal baby do at various stages of its mental growth?

According to latest investigation, a normal baby can hear and see immediately after birth. It feels pain, cries when it is uncomfortable or hungry.

[1] Read at the annual meeting of the Nebraska State Nurses' Association, October 17, 1916.

At one month, it will momentarily follow a bright light and begins to locate the direction of sounds.

At two months it responds to snapping of the fingers, follows bright objects and rejects unpleasant-tasting food or drugs.

When a baby is three months old, normal in body and mind, it holds its head erect, turns it from side to side, shows an inclination to grasp objects held before it, and coos when in good humor.

At four months it recognizes those who care for it, holds a rattle and brings everything to its mouth.

At five months, the hands go out to be taken from one to another. If it cries when hungry and food is brought, immediately the cry ceases.

When the half year is reached, it is interested in its surroundings, likes to be taken out of doors, and sits up with slight support.

At seven months it recognizes familiar faces from a distance, begins to imitate sound, laughs aloud, and cries when scolded.

At eight months, it creeps about and attempts to stand if held erect. It understands and performs baby tricks, e.g., shakes its hand by-by, plays "peep."

At nine months it knows its name, holds and carries a bottle, and if properly trained, begins to indicate its desire to attend to the bodily functions.

At one year, it stands alone and attempts to walk, knows the difference between articles of food to which it is accustomed, and throws kisses.

When fifteen months old, it makes itself understood by signs or baby language. It is interested in picture books, toys, can turn pages and scribble with a pencil. It can point to its ears, eyes, etc.

At a year and a half, it can play ball, imitate all sorts of action, such as dance, jump, hide, rock a doll. It knows the difference between right and wrong, and obeys or rebels.

At two years, it knows exactly what it wants in food and toys, and usually is able to call for them, and to feed itself.

At two and a half years, it can do little errands about the house, it asks questions. It recognizes different colors, builds blocks correctly, memorizes simple tunes and nursery rhymes.

At three years, it uses the personal pronoun, shows an inclination to learn to dress itself, indicates the seat of pain or annoyance.

Remember that these activities are a normal average. Some children excel in certain ones and are slower in others. This is the standard for the average.

Second. The development of the senses.

As you have followed the baby's intelligence by the activities I

have given, you see that a normal child is supposed to acquire the power of sight, hearing, taste and touch, during the first four months of its life; within the second four months, attention, voluntary motion and perception are added; in the third four months, imitation, speech and understanding, and gradually, from month to month, the child grows and strengthens in these qualities.

Let us now turn to the child whose mental development has not progressed normally and note the difference. As a rule, idiots gaze vaguely into space or irregularly rotate their eyes in all directions. In testing the ability to see, however, we must be sure that there is no defect of vision. The sense of hearing is manifest when the child is started by some sudden noise, e.g., ringing of a bell, clapping hands. One of the earliest signs of "something wrong" is obtuseness or perversion of the sense of taste. Feeble-minded infants will either chew everything, regardless of taste, or will spit out the most pleasant delicacies. They relish quinine as readily as sugar, or refuse both.

Almost all idiots are insensitive to pain or temperature, hence are frequently burned, bruised or bitten, without showing discomfort. No other defective mental action as readily betrays the mental incapacity of an infant as the lack of power of attention. The child is unconcerned in its environment, devoid of initiative movement and spontaneity, and even when it has learned to walk and go about, sits for hours in one spot, undisturbedly sucking its thumbs. The utter incapacity of attention, of course, goes hand in hand with dulness of perception, fewer impressions reach the brain which is less capable in the perception of outside impulses. The memory is so uncertain, too, that impressions received are not kept and the child does not attempt to guard itself from injury, nor does it recognize the care of familiar hands. Imitation is a slow, awkward process and extremely limited, there is invariably a muscular insufficiency and incoördination. There is marked delay in walking and talking and when the ability to talk is developed, it is often an incoherent chatter. However, a child may have these attributes, may be able to see, hear, taste, pay attention, etc., and yet we readily see that it is subnormal. The mental powers are slower in unfolding. It is automatic in its performances.

And so the object of the mental tests, the third point in my discussion, is to determine to which period of life the mental capacity of the infant under examination, as compared with the average normal child, corresponds. The tests are based on studies made by child psychologists and physicians, and while they may vary slightly, are practically the same. The American Medical Association issues a standard score-card, giving mental tests for babies from six months to

five years, and various texts give a list of mental tests. The Binet-Simon measuring scale for intelligence is the most widely known, and used. These tests are short, direct mental questions bearing upon simple matters of every-day life, gradually becoming more difficult and involving new mental processes as the age of the child increases. They were the work of Alfred Binet, an eminent child psychologist of Paris, and Dr. Thomas Simon, a physician and alienist of the same place. The first edition was published in 1905, then a revision in 1908; while the 1911 form, modified to American usage, is the standard in this country. Naturally, psychologists are studying the subject constantly and devising further tests. The Binet-Simon tests extend to twelve years, with an addition of a fifteen year test, and have been found very reliable for the first twelve years. Dr. H. H. Goddard, Director of Psychological Research at the Training School in Vineland, New Jersey, is a well known authority on the use of the scale in America. Between 1910 and 1914, 20,000 booklets of explanation and 80,000 record blanks were printed and distributed from the Vineland laboratory alone. The scale is now being extended beyond the twelve-year limit in the Stanford Revision, by Louis M. Terman, of Leland Stanford University.

To give you an illustration of the Binet-Simon scale I take the tests for the ages five and seven.

At age five, a child can compare weights, telling which is heavier; copies a square; repeats the sentence: "His name is John. He is a very good boy;" counts four pennies; and matches the two pieces of a visiting card cut on the diagonal, when he has an uncut card for illustration.

At age seven, a child counts thirteen pennies; describes the action in pictures rather than enumerating objects; can tell what is lacking when shown a picture where the eye, nose or mouth are omitted; copies a diamond; recognizes red, blue, green, yellow.

A bulletin recently issued by the Committee on Provision for the Feeble-Minded gives a very comprehensive outline of the scale. It is entitled "The Binet-Simon Measuring Scale for Intelligence; What It Is; What It Does; How It Does It; With a Brief Biography of Its Authors, Alfred Binet and Dr. Thomas Simon." The author of the pamphlet is Elizabeth S. Kite.

To turn to the final point, the training and treatment of mental deviates:

In the mental training of infants we generally meet with two extremes, the mother who leaves the child alone too much, or the one who urges it forward heedlessly. The baby's brain, to be sure, needs mold-

ing while it is fresh and pliable, but it should be done skilfully and gently. The mental training should begin when a child is about three months old. It should be taught to grasp and should have its power of vision and attention stimulated by bright-colored objects. A little later, with proper support, it should be placed in a sitting position in its carriage or bed. When six months old, if strong enough, it should be put in a baby chair, and given a few toys. Later, the baby tricks should be taught. Do not forget that a baby is easily fatigued and should not be overtaxed.

In the active treatment, first should be mentioned hygiene, an ample supply of fresh air, good food, bodily cleanliness and proper clothing. Keep the child out of doors as much as possible. In regard to food, it is generally required to prepare the food, just ready for consumption. The child, lacking comprehension of the sense of heat or proportion, will swallow too large portions or will burn its mouth, if the food is too hot. Those who refuse food, because of imperfect sense of taste, must be fed small quantities at frequent intervals. If there is difficulty in nursing, it is sometimes necessary to pump off the breast milk and feed the baby. As soon as possible, a mixed diet should be given, fresh fruit juice, beef juice, then cereals with milk, stewed fruit, strained vegetable soups. Water should be given between meals.

The training in cleanliness is very essential. Daily baths, preferably in the evening, should be given. Before and after each meal, the child's hands and face should be carefully washed. With persistent training in response to the bodily functions, even the most backward will learn to understand. The child should be dressed very warmly in the cold season, and extreme care should be taken that the clothing is comfortable at all times.

The main object of systematic training is to render the mentally backward child capable of helping itself in the care of its body, to look out for its health and comfort, and later to learn some simple occupation to earn a livelihood. Massage helps wonderfully at times in the ability to exercise the voluntary musculature. We make use of the child's desire for food to teach it how to look, how to listen, how to pay attention, how to grasp, how to walk, how to talk. Using all the devices for attracting the child, it should be taught to feed itself. This is usually a difficult task, but hunger and untiring efforts will accomplish wonders. Modern kindergarten training, the simple drills and games, is especially beneficial in training backward children, but do not force, nor waste time on exercises which are not absolutely indispensable. If we succeed in training a deficient child under five

years, to be clean, to feed itself, to walk, to understand words spoken to it, and possibly to make itself understood, enough will have been accomplished. Sometimes no amount of conscientious training will ever bear fruit, but it is worth while to try, and even in the slowest cases, time and painstaking effort will bring gratifying results. Remember, it is essential to be patient, tactful, and persevering. It may be given to you to awaken a child's mind, to help the feebly-gifted baby to capture and make its own the gifts which Nature has bestowed in such a twisted fashion.

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NURSES AS ANESTHETISTS

The Modern Hospital for February quotes the opinion of First Deputy Attorney-General William H. Keller of Pennsylvania, as follows: "You are accordingly advised that it is not illegal for a nurse who has been trained in the administration of anesthetics to administer such anesthetic as may be prescribed by a physician under and in accordance with his orders and directions." In rendering the decision, the attorney-general calls attention to the fact that nurses are allowed to do certain things under the direction of the physician, among them administering drugs, and finds that anesthetics are drugs, no distinction being made between them and others of equal importance. Quite justly, he cites that a nurse would be likely to be under closer supervision when giving an anesthetic than when giving other drugs.

POLIOMYELITIS AND CRANBERRIES

By AGNES HUPLITZ, R.N.

Philadelphia, Pennsylvania

It is not necessary to possess a vivid imagination in order to picture the reader of this journal who, while calmly perusing its pages, pauses to glance again at the title of this paper to ask wonderingly what possible connection there can be between poliomyelitis and cranberries. Such a one may even set the writer in the class with the far-famed "Miss Smith of Bellevue" who was "a little simple." Is it to be a scientific or a culinary dissertation? Rest your minds at the outset, if you will go further with me and be assured that it is neither; in the former I have no desire to indulge, especially on the subject of poliomyelitis, about which so much is being said at the present time, and so little really known. As to the culinary end of the subject, that is another matter, on which perhaps, I might claim better qualifications for speaking but such is not the purpose of this paper. What then is the connection between these two widely differing subjects?

Come with me on a little journey into the Jersey Pines and we shall try to find the meaning, and if the subject can be put before you in even a little of its absorbing interest your time will have been well spent.

When my hospital sent the call for me to go to the Pines to look after the welfare of some seven hundred Italian cranberry pickers, who had just left Philadelphia to work on the largest cranberry bog in the country, all having taken their families with them, and many were known to have lived in districts infected with poliomyelitis (the disease at that time being epidemic in Philadelphia), it naturally followed that there might be among the hundreds of children some already infected with the disease.

Emergency hospital duty was an old story, so it was with a light heart that I turned to the resumption of this most interesting work, which had on many former occasions unfolded to my wondering vision so much of the real in life, the human interest, more than any other form of nursing had done.

Behold us then at the bog, having driven the two miles from the station in the automobile with a dozen or fifteen chattering, grimy, sons and daughters of Italy, who with their packs and baskets and babies formed a picturesque group when they descended with me from the train.

The first day was spent in getting located, and inspecting our little hospital, which was beautifully clean and ready, just a little, old, three-roomed house in the woods on a remote part of the bog (the bog meaning a farm of about one thousand acres divided into some thirty patches where the berries are cultivated). The two rooms downstairs were my hospital; the larger having a bed and cot, the other a good cook stove and refrigerator, with the other necessary appliances for a working kitchen. A gentle and generous hand had fitted out that little field hospital, and it was with a warming heart that I unpacked and made ready for use the bundles of old and delightfully soft sheets, pillow cases, towels and linen, warm blankets, and spreads, and comfortables that were comfortable, for September and October nights grow cold. Everything was as it should be, though all were hoping we should not need the supplies.

But to pass on, of course the acquaintance of the people must be made. So on the second day, the waiting automobile whirled us away to the bog where one-half of the people were already at work, the other half being always on another part of the bog, about a half mile distant, working in this way throughout the picking season in two sections.

My interest was at fever heat; here was a chance to study these people in their native element, for they are of the Italian peasant class who work in the fields of their native country and naturally seek like occupations when they adopt "the land of the free" as their own.

I was taken among them and introduced as "the new nurse who is going to help you keep the babies well," and everywhere smiling faces and flashing white teeth were met; the men, women and children seeming to be equally delighted with the situation and to accept the new nurse as a friend. Anything done for their babies reaches their hearts. The visit to the bog was a daily occurrence, watching the children, who, when old enough, pick with their parents, while the babies sit or lie in all sorts of perambulators under huge umbrellas or upon the ground on coats or pieces of blanket brought for that purpose when the parents come out in the morning.

Such happy bambinos! laughing, singing or playing, all as black and dirty as only a cranberry bog can make them, the vines giving off a black peat, which is almost like soot in consistency. Here was a mother nursing her baby; here a father who had stopped picking to give a tot a drink of "aqua" from a huge jug; here a boy or, mayhap, a tot of a girl playing in the ditch which runs through the bog for irrigating purposes, or another boy wading knee-deep in the clear brown cedar water, cooling his little legs in its limpid depths.

It is also new and interesting to listen to the snatches of song; one baby of three or four years wafted to my astonished ears the unmistakable notes of Rigoletto, shrill and erratic, but nevertheless true, "La donna e' mobile," showing that even among these ignorant peasants a love of real music was being handed down to what, let us hope, may prove to be an appreciative posterity.

Leaving the babies at play, let us turn our attention to those at work, for a word about the much-discussed question involved in this business, child labor. The cranberry industry has been forced very much into the limelight, and much adverse criticism has been leveled at the growers by reason of the children working on the bogs. They do work, it is true, but find me one unprejudiced investigator who will visit, inspect and report conditions as they really are, and such an one must in fairness admit that nothing but good, the best good, can come to these children from the work they do here. I am speaking only of this particular bog and conditions as they exist here. The children come from the alleys and slums of the city where they live in crowded, ill-ventilated tenements, or worse dwellings. Their recreation is found in the streets, their fresh air, we all know too well how little of the air they breathe is really fresh. Place them on the bogs from 8 a.m. to 5 p.m. where they pick berries or not as their parents wish, for let me explain here that while the owners allow them to pick and pay them the same rates as the adults, they prefer they should not, as they waste a great deal of the fruit, but having been brought here by the parents to help gather the harvest, their added earnings go to secure many a comfort in the long winter which otherwise would be denied them. I have seen them working awhile, playing awhile and eating awhile (they seem always ready for a chunk of brown bread and an onion) no one urging them to do aught but what their fancy dictates; but even those who work steadily all day are not doing laborious work, and the sweet open-air, laden with pine, and distant sea breezes, brings about swift changes in their appearance. Where on the first days pale faces and thin underfed bodies were all too numerous, in a short while one sees ruddy brown cheeks, puffed out and solid as an autumn apple, while limbs take on a contour and little dresses seem bursting with the expansion of little bodies. It is nothing short of marvelous how these children improve in the different environment, and my enthusiasm is the result altogether of the contemplation of its benefits. With all due respect to child-labor laws, which have their uses and abuses, who could but admit that these Italian children coming here from year to year are storing up health and energy during this time in the open that will be of incalculable value in their future lives?

After going among them for a time, one chubby baby of two years was found stricken with the dreaded "polio," and the visits to the bog ceased, our little hospital was opened to receive Freddie and his mother, and his nurse began the fight for his life. Fortunately his case proved to be one of the milder type, the paralysis being confined to the arms. After a couple of weeks it cleared up and Freddie began using his arms in a very much alive manner to the great delight of all concerned.

We were very comfortable in the field hospital, even though the nurse was the only member of the fraternity who could speak "Americana," but she soon became sufficiently familiar with their brand of Latin to make conversation a possibility, if not a long-drawn out pleasure. Warmer hearts and more willing hands could not be found, and bonds of real and lasting friendship with these simple peasants who would do so much for "La Bella Nursa" were formed and shall last.

After thirty days, with Freddie's convalescence fully established, we closed the hospital and he walked out a healthy, happy and lucky baby.

As no more cases developed during the remainder of the season and only trifling ailments of other character appeared, it was unnecessary again to open our hospital, and soon both the poliomylites and cranberries were but memories,—memories, however, that shall live long in the mind and affections of one who so enjoyed her season among the colony of Italian cranberry pickers in the Pines of New Jersey.

BANKS EMPLOY WOMEN

Toronto banks have in their employ over 2500 women. These positions were formerly held by men who have gone to the front. The offices of bond, brokerage and other financial and business houses employ nearly 4000 women. Toronto is practically run by women and well run too. Surely women the world over are proving their value to the state and claim to equal recognition by men in government.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: S. LILLIAN CLAYTON AND ANNA C. JAMMÉ

[NOTE. The articles on Psychology by Professor Suhrie, commenced in the February JOURNAL, are suspended this month because of the illness of the author.—ED.]

THE SOCIAL TRAINING OF THE PRIVATE DUTY NURSE

BY S. LILLIAN CLAYTON, R.N.

One of our learned sociologists states that the three great causes of misery are ignorance, sickness and poverty. The three have a proper sequence. Let us therefore look at our subject first from the standpoint of society and its needs. Second, from the standpoint of the nurse, her function in relation to those needs, her preparation, her opportunity and her social value.

The needs of society are the same as those of the individual, as they are based upon the maladjustments of the units of which society is formed. This maladjustment we recognize today relates to the whole individual—mental, physical and social. Poverty and sickness are recognized as being two of the greatest factors in the maladjustment of life's forces, but what is not so keenly recognized is, that lack of knowledge of these forces in their relation one to another is the greatest factor of all. In order to get the right point of view as to the value of life, of health and strength, of character, we must have a clear conception of what the things are that cause the misery of men, what the influences are that produce degeneracy and how to readjust the forces that are not social.

As a private nurse I have seen the great opportunity which nurses have of bringing this knowledge before the minds of people. As a patient I have learned that it is not enough for the nurse to be willing to serve, she must have that social spirit which is the why of her ministry, and, knowing, she must be able to reach the causes as well as to understand the results, whether those results be mental, physical or social. As a teacher of nurses, I would have the profession see that the private duty nurse is not a factor standing out alone in the professional world, but that she is one of the greatest factors in the conserva-

tion of human resources, that she is one of the strongest connecting links between the profession which she represents and the public to which she must act as an interpreter. In the words of Richard Burton, "She yearns to make the world a sunnier clime to live in" and is "one who treads earth's ground, and ministers to men with all her might." She cannot however, minister to the mind or to the body without preparation; it is this preparation which we have to consider.

Dr. Devine has told us that there are ten reasons why our communities are not ideal. I shall give these as he enumerates them, believing that all nurses, private, institutional or public health, should have these carefully and scientifically presented to them in the training school, and that in order to fulfill their mission they should enlarge upon such knowledge until, by example and precept, they shall not only help prevent these causes but shall prevail on others to do the same.

The first of these reasons is an unsound physical heredity. From her study of the causes of mental and nervous diseases, has the nurse learned that the degenerate offspring of feeble-minded, alcoholic, or syphilitic parents are responsible for a very large proportion of our vice, crime and misery? All that happens to them, and to others because of them, is unnecessary and preventable—one might say, inexcusable.

Has she, from her study of prenatal care of mothers, from her knowledge of sex hygiene, been able to use her influence to protect the working woman in the weeks preceding childbirth, to help abolish working conditions which use up the vitality of girls before marriage, and has she used her knowledge of sex to educate, whenever possible, boys and girls to physical as well as moral fitness for parenthood? If she has not used her knowledge of social evils, of the evils of unprotected labor, of the evils of ignorance of sex among the young, then she must realize that opportunities have been lost, and that her value to society is less than it should be.

The second reason for an unsound community is that of unprotected childhood. The effort for such protection has had wonderful effects. Movements have been started for their protection from exposure and abandonment, from death by neglect, from inability of parents to care for their offspring, from cruelty, from exploitation for wages during young childhood, and preventive work has been established through schools, homes, child labor laws, physical supervision and correction of defects.

Has the nurse been properly educated who has not had her attention directed toward the importance of protected childhood, the proper relation of motherhood and infancy, the wise protection needed during adolescence, and the proper development of soul and body? So strongly

do I feel upon this subject that I think the training schools which teach the care of the child's body and do not consider these forces that destroy its soul have but poorly prepared their students to meet the community need. And the nurse who does not use her influence to bring these important facts before the attention of mothers, home makers, voters, or any person who can help in the work of protection, has failed in her responsibility as a nurse.

The third condition of the ideal community is the protection of the working period in the lives of men and women by preventing death, accident, and occupational diseases. By affording this, there is an opportunity for saving life and health and also for enabling the family to reach a higher degree of prosperity. If the nurse has not learned in her training school the dangers of death or injury from industrial accidents and occupational diseases, she should not be content until she has supplemented that lack by continued study, because in her contact with causes and effects she has learned that her interest is no longer centralised in the individual but in the community.

The fourth condition is the freeing of the community from preventable disease. Here the nurse, besides using her knowledge by personal activities, can do much in molding the public mind for voluntary coöperation in educational and relief measures, and can help in arousing a feeling of individual responsibility among the citizens.

A normal community would be free from crime. The nurse, because she wants to serve to her fullest capacity, should understand the social and economic causes producing the criminal, and here again she may become the interpreter of the abnormal one whom she would protect, to the community which she would serve.

To sum up Dr. Devine's factors for producing a sound community we have: sound heredity, protected childhood, prolonged working age, freedom from preventable disease and professional crime, indemnity against the economic losses by death, accident, and illness, rational education, normal standards of living, and a religion of service.

Because the private nurse comes into such close contact with home and family life, she would seem to be the most effective kind of a teacher and interpreter of these principles to the families in which she works and in this way can be an important factor in the development of the ideal community. To achieve this success both for herself and her profession, she must continue to build on the training she has received in the hospital, always keeping in mind the ideal of nursing as not only personal but community service.

A COURSE IN PSYCHOLOGY FOR PUPIL NURSES

The New York City Hospital, Blackwell's Island, last year introduced into its curriculum, as a kind of an experiment, a short course in psychology. It was given in the latter part of the junior year, after the pupils had been on the wards for a few months and had thus accumulated a background of experience in dealing with patients and an appreciation of the problems of adjustment in hospital work. Miss Romer, a member of the staff of the Department of Psychology at Teachers College, who taught the course, took the greatest pains to acquaint herself with the special problems of nurses and to get the point of view of the pupils. The subject-matter was carefully selected and presented in a very simple and concrete way, the pupils being invited from the beginning to bring to the class all kinds of problems upon which psychology might help to throw light. The results have been very interesting. In the first place the pupils themselves have requested that the course be continued, and that in future it be a required course, with regular class work and study, which had not been included in the first course. As to practical results, there are many evidences that the pupils are thinking about their patients in quite a different way than before, that they are studying them as human beings, trying to understand the point of view of those who differ from them in race, religion, and social customs, trying to make their personal adjustment to their patients and to coöperate with them more intelligently, and assuming on the whole a more sympathetic, tolerant and reflective attitude toward human problems in general. They have shown a keener appreciation of the psychological elements in the commonest nursing procedures, such as the setting of a tray, the training of a baby in orderly habits, the administration of difficult or disagreeable treatments, and they have also shown that they have a much better basis for understanding pathological mental states, which in some degree complicate all kinds of diseases. It is a little more difficult to measure the personal and ethical influence of such a course, but it is believed that pupils did get some help in understanding the laws of their own natures better.

It is perfectly true, of course, that many of the principles of psychology are just common sense conclusions which people have always used more or less unconsciously in all the practical affairs of life. The science of psychology, however, does call attention to these fundamental ideas; it sifts them out and explains them; it organizes them and shows how they work. It has become a very practical science studied and consciously used by business men, travelling salesmen, advertising men and managers of factories, as well as teachers and preachers and college professors. If such practical people find it profitable to study

psychology as a means to greater efficiency and as a help in understanding and influencing people, it becomes a question whether nurses can afford to be without it. No one has a more difficult psychological problem to meet than the nurse, working as she does constantly with all kinds and varieties of people, many of them hypersensitive and unreasonable, having to adjust herself to the most widely varying conditions, having very often the added responsibility of leading and guiding weaker minds into more wholesome and rational lines of thought and conduct.

This department will be glad to hear of other schools where this subject is being taught and the results which have been achieved. The following brief outline gives some idea of the ground which Miss Romer is covering with the pupils of the City Hospital.

I. Psychology, science of behavior. Responses to "stimuli." People as organisms adjusting to changing environment, natural and social, by acting upon the environment. Behavior such adjustment.

II. Adjustment made by *nervous system*. Its structure, brain, cord, fibers, sympathetic system; neuroses. Functions. Nervous pathways. Readiness.

III. Pathways due to original nature. Reflexes. *Instincts*, their nature. Typical instincts. Readiness and original satisfiers. Modifying instincts.

IV. *Individual differences* in behavior. Central tendencies, the "curve of distribution." Causes of differences: heredity, race, family, variation; age; sex; past experience.

V. Effect of past experience on behavior. *Learning*. Habits. The "laws of learning." Practice. Specific nature of habits.

VI. Variety of responses to same stimulus. Influence of accompanying circumstances. "Mind set," mood, temperament. Influence of weather, health, fatigue, drugs, emotional state, purpose.

VII. *Thinking*. Physiological basis. Attention and interest. Memorizing. Association and analysis. Studying, "apperceptive mass." Reasoning.

VIII. *Feeling*. Pleasantness. "Satisfiers and annoyers." Association shifts of satisfaction. *Emotions*, their dependence on organic action. Control and use of feeling.

IX. *Doing*. Will and habit. Selection and attention in willing. Individual differences in will. Morality, social basis, psychological elements. "Character."

X. *Suggestion*. Presenting the stimulus that calls forth the desired act. Tact. Use of principles already discussed. Understanding people. Self-mastery.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

A pamphlet, "The Only Way Out," has been issued in Munich and reached the outer world through Switzerland, in which it is suggested that the Hohenzollerns should be deposed and the Wittelbachs, the royal family of Bavaria, placed on the throne.

The little Princess Royal of Belgium is in England with her brothers. She raised a large sum for the Belgian soldiers' Christmas fund by presenting the contributors with her photograph signed by herself. She is not only an object of deep sympathy in England but is very popular with all classes on account of her bright, engaging personality.

An English officer, writing of the American aviators serving with the Allied Armies, says of a combat in the air, "One sees two specks approaching one another and with a pair of strong glasses gradually realizes that one of the specks is an American who has given up everything, home, prosperity, and probably life, to throw himself into a foreign army and that the other is a brave German, doing what he conceives to be his duty—one realizes that there are two combatants worth watching." When asked why they came, the American aviators all said, in effect, "The sort of thing that has been going on in Europe as a result of the horrible organized savagery of the Prussians, has got to be stopped. We want to stop it before it reaches our own country. We have come over here to do it, and thank God, we know we are helping to do it and that it is being thoroughly done."

The price of food in the neutral countries of Europe is seriously affected by the war. Provisions in Spain are almost beyond the reach of the poorer classes. Butter is 75 cents a pound and other food in proportion. In Hungary it is $2 a pound. In Turkey, prices are said to have advanced 900 per cent, no flour is obtainable and crushed maize is substituted. In Austria the price of foodstuffs is almost prohibitive; pork, for example, costs $1.47 for 2 pounds, 3 ounces. The suffering of the population from underfeeding is very great.

Harry Lauder, who has recently lost his only child, a captain in the Imperial army, at the front, resumed his part in "Three Cheers" at the Shaftsbury Theater. When, dressed in khaki, he sang, "When the Boys Come Home," his voice failed at the second verse. The audience, much stirred, sprang to its feet. At the close of the perform-

ance he thanked the audience for its sympathy and said, "I know it would have been the wish of my soldier boy that I should do my duty to my fellow men."

France does not seem to have exhausted all her energy in warfare. She proposes to expend about $3,500,000 at Caen upon the enlargement and deepening of a canal and harbor to accommodate vessels of larger tonnage. She also proposes to hold an Industrial Exhibition in May, in the Tuileries Gardens, in Paris. An industrial fair will be held in London in the same month.

In June last it was announced in England that in exceptional circumstances, on the special recommendation of the commander-in-chief in the field, the military might be awarded to women who had shown bravery and devotion under fire. It has recently been conferred on Staff Nurse Catherine M. Carruthers.

Ottawa is sending 3000 poultry to help in restocking the devastated Belgian farms.

The John Rylands Library, Manchester, England, is collecting books to replenish in happier times the ruined library of Louvain. Already 8000 have been received.

The princes, chiefs and people of Rajputana, India, have given four and a half lakhs of rupees, about $150,000 to the King-Emperor for aeroplanes and machine guns for the war. The Gaekwar of Baroda has lent his splendid residence in Bombay for a war hospital and has given a lakh of rupees to the Imperial Indian Relief Fund. These are only a few of many valuable gifts made recently by the Indian subjects of the Empire.

Herr C. H. Stielow, for many years London representative of the *Lokal-Anseiger*, is now editor of the prisoners' magazine at a London internment camp. He contributed a poem to the Christmas number, recalling past Christmases in the Fatherland.

The Baroness Huard, wife of Charles Huard, the noted artist, and a daughter of Francis Wilson, "American by birth, French by education and marriage," as she describes herself, lived in a beautiful château on the Marne, on the main road from Belgium. In the latter days of August 1915, 1,500,000 Belgian refugees passed her gates. She turned her house into a hospital. Later it was occupied by the Germans, but she was able eventually to restore it to the wounded.

The Canadian Red Cross, besides contributing ample supplies for their own men, has sent large contributions to the French government for French hospitals and to Italian, Serbian and Russian Red Cross depots.

EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON

THREE EPOCH-MAKING DECLARATIONS. The recent peace controversy, following a dozen or more official notes and speeches, rapidly exchanged between the warring and neutral nations, culminated in three startling communications: (1) an idealistic message concerning peace by President Wilson; (2) a declaration of ruthless submarine warfare by the German government; (3) a formal announcement breaking off diplomatic relations with Germany by the President.

(1) President Wilson, on January 22, unexpectedly made an address to the Senate concerning the only kind of peace between the belligerents "that the people of America could join in guaranteeing." He declared this must be a peace whose elements "satisfy the principles of American government" if we are to practicipate, as we must, in a future league of nations "to guarantee peace and justice throughout the world." "Such a settlement cannot now long be postponed." (a) "First of all," he continued, "it must be a peace without victory as only a peace between equals can last." (b) There "must be an equality of rights," neither recognizing nor implying "a difference between big nations and small." (c) "Right must be based on common strength, not upon individual strength of the nations." (d) Peace terms must recognize "the principles that governments derive all their just powers from the consent of the governed and that no right anywhere exists to hand peoples from sovereignty to sovereignty." A single example "should be a united, independent, autonomous Poland." (e) "Every great people . . . should be assured a direct outlet to the great highways of the sea." "And the paths of the sea must alike in law and in fact be free." (f) There must be limitation of naval and military armaments. (g) "Nations should adopt the doctrine of President Monroe; that no nation should seek to extend its policy over any other nation."

This epoch-making address was received by all classes here and by both the neutral and warring nations as an idealistic utterance, but the general criticism was well characterized by a message from the French soldiers, "Dream no longer of the chimera of peace until victory is gained."

(2) The German government, on January 31, sent a note to our

government. After commending President Wilson's address to the Senate and caustically pointing out instances of England's violation of such lofty principles—seeing not the mote in its own eye—it recites that the Central Powers lately were willing to discuss terms of peace but their offers were refused, and that Germany is therefore now compelled to fight for existence "with the full employment of all the weapons which are at its disposal." An enclosed "annex" gives the following details of the contemplated military measures at sea. (a) Beginning February 1, sea traffic is to be stopped by every available weapon (meaning submarines) in zones around Great Britain, France, Italy, and in the eastern Mediterranean. (Zones are defined.) (b) Neutral ships navigating the blockaded zones do so at their own risk. (c) But certain lanes, the last three 20 miles wide, are left open for neutral ships: one for a portion of the Scandinavian coast; one for one American passenger ship a week to and from England; one on the northern coast of Spain; one in the Mediterranean to southern Greece. (d) One American passenger steamer a week, on specified days, and marked according to German directions, may sail to and from England via the port of Falmouth.

(3) President Wilson, on February 3, addressed a joint session of Congress, which was attended by diplomats, Cabinet officers, and judges of the Supreme Court. He reviewed our negotiations with Germany last March when the British steamer *Sussex* was submarined and several Americans were lost. Our note then stated that unless Germany abandoned "its present methods of submarine warfare against passenger and freight-carrying vessels," the government of the United States would "sever diplomatic relations with the German Empire." The German government replied it would "do its utmost to confine the operations of war for the rest of its duration to the fighting forces of the belligerents," reserving its freedom of action contingent on its necessity for existence and the action of the Allies. In its last note of January 31, Germany says, "the now openly disclosed intention of the Entente Allies gives back to Germany the freedom of action which she reserved in her former note." The President then declared that on account of Germany's withdrawal of her pledge the United States is obliged to keep its word and sever diplomatic relations, that the German ambassador would receive his passports, and the American ambassador at Berlin be immediately recalled. The President takes "it for granted that all neutral governments will take the same course," and suggests, in case of "actual overt acts," taking further steps—which may mean war. The escape from it seems narrow. The country must "hope for peace but prepare for war."

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

TOWN AND COUNTRY NURSING SERVICE

By Fannie F. Clement, R.N., *Superintendent*

(Extracts from the Fourth Annual Report)

On February 1, 1917, there were sixty-one communities in the United States where Red Cross visiting nurses were stationed. Twenty-two states were represented in the Service, New Jersey and Michigan each having eight of these nurses, Massachusetts seven, and Kentucky and Pennsylvania five each. States with only one were California, Arizona, North Dakota, Missouri, Ohio and Iowa. The nurses in California and North Dakota are county nurses, representing pioneer work for those states.

A greater proportion of the applicants applying to the Red Cross this year have met the requirements than formerly, as the comparatively fewer rejections and an increased number of appointments would indicate. Forty-five nurses have received appointments since November 30, 1915, making a total of seventy nurses in the Service on February 1. In addition to the appointment of new nurses, seven have been transferred from one community to another. In several instances, a nurse who had been employed for some time in a small town or rural district has made application to the Town and Country Nursing Service and her organization has wished to associate its work with the Red Cross; she has then been considered a substitute nurse, with the understanding that she would later obtain further training in public health work or accomplish whatever else might be necessary in order to fully meet the requirements.

This year affiliated organizations were asked to supply their own substitutes during the annual leave of their nurse, if possible, and to employ only graduate nurses from approved training schools. Opportunity for substitute work was found for a number of nurses, however, who were seeking the additional experience offered thereby. Such experience in small communities has proven of value to nurses accustomed to public health work in cities and who contemplated rural work.

During the year Red Cross visiting nurses have recorded 10,286 cases receiving nursing care, and a total number of 112,836 visits. Of these visits, approximately 8 per cent were school visits, 7 per cent

infant welfare, 2 per cent prenatal, 3 per cent tuberculosis and 4 per cent sanitary inspection visits. In other words, 47 per cent of visits represented bedside care, 17 per cent instructive visits, 11 per cent social service visits, 13 per cent business calls and 10 per cent unclassified visits.

An increase in the number of county nurses would seem to indicate that county nursing is proving a practical method of reaching large areas where the population is scattered. At present there are seven so employed. The three county nurses in Michigan are employed by county boards of supervisors, which have affiliated with the Red Cross. The area in these counties ranges from 40 square miles to 900. Two of the county nurses are known as county school nurses, having supervision of between 8000 to 12,000 children. While most of the time of the other county nurses is devoted to school work, anti-tuberculosis and infant welfare nursing, a little bedside nursing is included occasionally. A growing realization of the importance of school nursing is to be noticed in every section of the country. All but eight Red Cross visiting nurses engaged in general community work include school nursing in their activities.

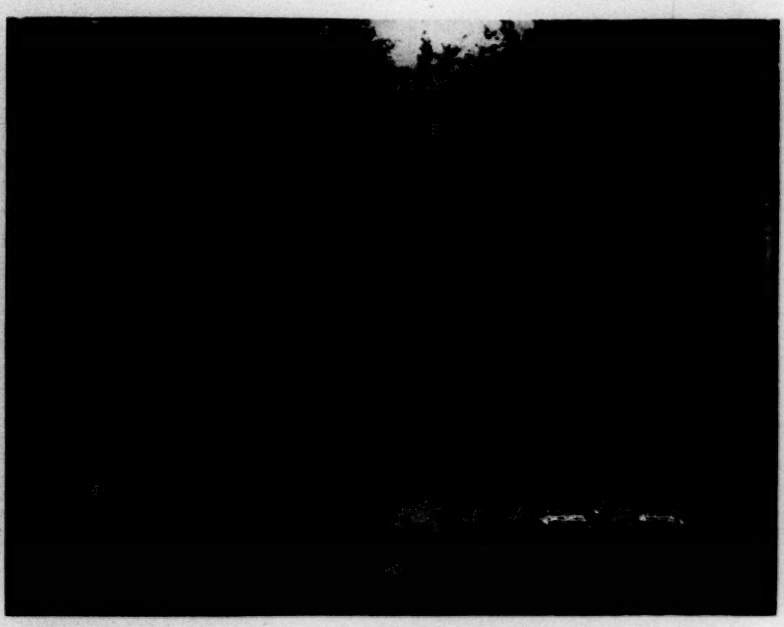
There is but one Red Cross visiting nurse employed in a rural community of less than 500 population. Nineteen sections have a population of between 1000 and 5000, and thirteen between 5000 and 10,000. The visiting areas range from 2 square miles in the community of 500, to from 2 to 8 square miles in the communities of 1000 to 5000, and from 1 to 7 square miles in communities of 5000 to 10,000.

Before the assignment of a nurse, effort has always been made by the Red Cross to ascertain what means of conveyance will be provided by the community in order that she may render the broadest service. The point has been stressed that it was short-sighted policy on the part of a nursing organization wishing to develop a prosperous nursing service to expect even the most capable of nurses to accomplish very much if she were expected to spend most of her time walking long distances between visits. To date, fifteen Red Cross visiting nurses have been supplied with automobiles, which as a rule bear the Red Cross insignia and are known as Red Cross cars. In several additional communities "automobile funds" are well under way.

Not only has the Red Cross endeavored to place much importance upon the employment of nurses who by training or experience were well qualified for important positions in public health nursing but also upon the payment of salaries commensurate with their capabilities. Organizations looking to the Red Cross to supply their nurse have been most open-minded in regard to this point, not only increasing the ini-

tial salary offered but making increases after certain periods of service. At least five of the Red Cross visiting nurses are receiving $1500 per year or what would be an equivalent.

Twelve or thirteen states either through anti-tuberculosis associations or boards of health are now employing state supervising nurses with whom, in several instances, a close yet informal cooperation with the Red Cross has been established. Through Red Cross affiliation with local organizations, certain standards can be established regard-



ONE OF THE FIFTEEN IN HER RED CROSS CAR

ing qualifications of the nurse employed, as well as the administration of the work to an extent beyond the power of any state authority granted to date. If state and other large organizations would more generally realize what the affiliation offers in this respect, the extension of high visiting nursing standards in small communities would be more generally practicable.

Many of the nurses employed in rural communities independent of the Red Cross are doing excellent work. Connection with a national organization interested in nursing problems, equipped so as to aid organ-

izations and nurses in furthering the best interests of public health, by personal visits and intimate correspondence must count for something, however. The words of the first county nurse in a mid-western state may express in part the significance of such a relationship:

> After considering any possible affiliation with the Agricultural College and State Anti-Tuberculosis Association, I am convinced the solution of the rural preventive work in this state is affiliation with the Red Cross. We have no state or local organization to control any nursing to be done, whereas the Town and Country Nursing Service is practical and established, and I feel meets the conditions. I think the nurses' uniforms and the backing of a national movement will be most valuable to us.

Is it too much to hope that what this Service has meant to the few expresses what it will mean, sometime, to the cause of rural nursing in general?

A superintendent of nurses employed by a state organization writes:

> In our survey work during the past year we have met several nurses who were trained and supervised through the Red Cross and every one of them is doing splendid work. We are urging all societes that contemplate engaging a visiting nurse to communicate with the Red Cross first.

Such a national organization, upholding only the highest standards for rural public health nursing, even though unable to meet completely the general demand for qualified workers, cannot but wield an influence resulting eventually in more and better prepared public health nurses for this needy field.

The recent reorganization of the National Committee on Nursing Service, not only correlating all nursing activities of the Red Cross but bringing together on one committee a large representation of the three national organizations of nurses, probably ten from each, will give added impetus to the growth of the Town and Country Nursing Service. This reorganization represents an advance step of inestimable value and the Town and Country Nursing Service anticipates a most generous share of its benefits.

The endeavor to broaden opportunities for student nurses in preparation for public health nursing during hospital training and through post-graduate courses—a subject of deep concern to the Town and Country Nursing Service as well as to public health nursing in general, calls for concerted action of the three national organizations. The Red Cross needs particularly the help of the National League of Nursing Education in behalf of this endeavor. The mutual interests of the National Organization for Public Health Nursing and the Town and Country Nursing Service are now even more closely identified than formerly,

and the particular interest of the Red Cross in developing its rural work will undoubtedly be extended through the close cooperation which representation on the National Committee now provides.

The Town and Country Nursing Service has been the gainer to even a greater degree. While the state and local Red Cross committees on Nursing Service throughout the country have always aided in the work of the Town and Country Nursing Service when called upon to do so, now that the National Committee has become responsible for this department they will, of course, share in this responsibility, making it possible for us to count upon their active cooperation.

NURSES ASKED TO FIGHT CANCER

Nurses, especially those engaged in public health work, can do much to prevent unnecessary deaths from cancer, according to a special bulletin published by the American Society for the Control of Cancer.

Many patients, especially women, it is pointed out, will speak to a nurse about the danger signals of this disease, such as lumps, persistent sores, ulcerations and other irregularities, when they would hesitate to call a doctor. Attention to these apparently trivial conditions, says the bulletin, often means the actual prevention of cancer or at least its discovery in the early stages when the hope of cure is greatest. In promoting the special education of nurses so that they may be prepared to act as advance scouts in discovering this insidious enemy, the Society for the Control of Cancer has obtained the cooperation of national, state and local nurses' associations. All the leading schools of nursing have been urged to provide special lectures on the early signs of this disease so that nurses, when they take up their professional work may be equipped with the necessary knowledge, not to make a diagnosis themselves but to see that people with suspicious symptoms receive prompt and competent professional advice. Through the cooperation of the National Organization for Public Health Nursing, the special bulletin above referred to, is being sent to several thousand visiting nurses' associations and prominent individual nurses throughout the country. Copies may also be obtained from the American Society for the Control of Cancer, 25 West 45th Street, New York City.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE WAR AND STATE REGISTRATION FOR NURSES

By E. L. C. Eden

Honorary Secretary National Union of Trained Nurses

A very large number of English nurses are serving in military hospitals at home and abroad. Meanwhile, developments of vital importance to their profession are taking place. Although these are of a very contentious nature, the nurses so engaged can practically not express their opinion; partly because they are abroad or too absorbed in strenuous work, and partly because many, being under military authority, cannot communicate with the press. Even in normal times, nurses in government posts have little freedom in expressing their opinions on nursing politics, and matrons, as a rule, cannot oppose the wishes of the committees by whom they are employed.

American nurses will doubtless be interested in, and sympathize with, the struggle which is going on in England under these conditions, between the believers in the democratic principle of governance and the upholders of the system which maintains that the rank and file are unfitted to have an opinion or manage their own affairs and must therefore have important matters settled for them. English nurses who are contending against such difficulties will be encouraged by tokens of sympathy from their American comrades.

The fight is being waged on the question of a bill for the state registration of nurses. It is probably known to all American nurses how splendidly Mrs. Fenwick has devoted her energy, her brains, and her money, for upwards of thirty years, to the cause of professional development in general and to that of state registration in particular. Owing to her initiative, various nurses' and other societies were formed which gradually built up a strong professional and lay opinion in favour of registration, in the face of dogged British conservatism, which is always loath to admit state "interference," and which could not bear to realize that "nursing," around which so many traditions and sentiments were entwined, had grown into a skilled profession and must be placed on a different footing.

In 1908 a bill promoted by the Society for State Registration of Trained Nurses had been carried by the House of Lords. In 1910, the various nurses' societies which were promoting state registration, and the British Medical Association, united to form the Central Committee for State Registration in order to promote an agreed bill. This committee represents approximately 25,000 medical men and 15,000 nurses. In March, 1914, the House of Commons consented to the introduction of this bill by a large majority. In the autumn, war broke out, and all professional propaganda was put on one side in order that the energy of the medical and nursing professions might be concentrated on the needs of the sick and wounded. The war, itself, however, proved to be the strongest advocate for registration, showing, as it has done, the great danger to the public of having no simple means of ascertaining the qualifications of the large multitude of women, some barely trained at all, who are now engaged in active work for the wounded. State registrationists were fully conscious of this swinging of the pendulum in their favour and looked forward to the coming of peace to proceed with the work of getting their bill through Parliament when, in the early part of 1916, under the chairmanship of the chairman of the British Red Cross Society, the Hon. Arthur Stanley, a new association was formed, entitled the College of Nursing. Although the recognition of the nursing profession by the state was to be one of the objects of its foundation, it was brought into being without any reference to or consultation with the body which had for years worked to promote state registration. A committee was appointed by a few lay people, and the governing bodies of hospitals and boards of guardians were invited to send representatives to the consultative committee. The nurses' societies were refused all representation, even on the consultative board, in spite of the most urgent protests. A great effort was then made by the Central Committee of State Registration to come to an agreement with the college so that a non-contentious bill might be introduced into Parliament at the first suitable opportunity. Conferences took place and many concessions were made by the Central Committee. Two principles were, however, made vital to an agreement: 1. Democratic representation; 2. Hospital training as a qualification for the register.

The Central Committee decided that the bill should include a provision according the right to the Central Committee (which, as before stated, represents nurses' societies and the British Medical Association) to appoint a certain number of representatives on the first council (which would frame the rules and start the work). Such representatives would be responsible to, and have vacancies amongst their num-

ber filled by, the societies appointing them. *The college has refused to include any such representation in the bill.* It desires a first council which will not be responsible to any existing body, and in which vacancies will be filled by the council itself.

When, after negotiations which had lasted for almost six months, the college still refused to agree to the only sound foundations for a good bill, it was realised by the Central Committee, with deep regret, that further negotiations would merely be a waste of time, and they decided to proceed with their own bill.

This guarantees the following principles which the college bill does not: (1) The right of the rank and file to appoint representatives to the statutory body which is to organise their profession. (2) That only hospital trained nurses shall be admitted to the general register. (3) That there shall be one central examination as the only portal to the general register.

To sum up, therefore, the position is as follows, so far as it concerns the nursing profession: There are in England a number of nurses' societies which qualified nurses can join and which are represented on the Central Committee for State Registration. This committee has been gradually forming public opinion for years, but when war broke out it ceased propaganda work for patriotic reasons. In spite of the fact that a large number of nurses were abroad, a new society was formed, backed by social, political and financial influence, under a lay chairman, which claimed to organize the profession and obtain for it state recognition. This new society entirely ignored those that had done the work till then. The council was nominated (not elected by existing bodies), and consisted partly of matrons who had been well known anti-state registrationists, which fact alone was enough to account for misgivings in the minds of those who were anxious to establish registration on sound lines. The proposed articles of the college were known to contain such dangerous clauses as, for instance, a provision for the acceptance of the examinations of certain training schools, if approved by the college, in lieu of one central examination.

Strong representations were made that the college should not rush things through, but should lay the most important provisions before the nursing profession at large, and also that it should grant some form of representation to existing societies.

The college refused to recognise the nurses' societies in any way, although it granted representation on its consultative board to bodies of lay people; and again, when negotiating about a bill, it has refused the right of representation, and, in so doing it has destroyed the chance of an agreed bill, which formed the only hope of getting Parliament to consider the measure for some time to come.

There are now two bills drafted, one by the college and one by the Central Committee for State Registration. We have shown earlier in this article the vital points in which they differ and how important it is that the one promoted by the Central Committee should become the law of the land.

There is considerable glamour about a movement which has political, social and financial influence, and in these strenuous times it is difficult to get nurses to study the question and to realize that it lies with them, if they would coöperate, to influence the decision in a matter of momentous importance to them. The college is not the result of a democratic desire that the opinions of the rank and file of the workers themselves should be drawn out or that they should have a voice in the organisation. It is practically (though undoubtedly not all of the promoters realize this) a body of employers, for both the council and consultative board have been appointed by lay people and employers. That the promoters desire the good of the nurses we do not deny, but they desire it as the Lady Bountiful desires the good of her villagers. They do not wish to know what nurses think or to make them take a share in the responsibility. They have no desire to be troubled with opposition or "wrangling." They mean to decide what is best and then administer it to the profession. Now here lies the great temptation for the nursing profession, overburdened as it is by duties arising from the war. Will nurses allow the burden of responsibility for the organising of their profession to be laid on other shoulders? Will they accept personal opinion without taking the trouble to get to the bottom of things and think them out for themselves? Will they be content so long as they are spared trouble? Or will nurses stand by the societies and individuals which have striven for them so long, though they preach the stern, but only true, doctrine, that the profession cannot attain to the highest standard until each nurse shoulders her share of responsibility in its organization and does her bit for its uplifting? Surely the "grit" which has enabled nurses to do such splendid work during the war will make them rally to the cause of loyalty and justice and see it through!

We are at a parting of the ways. One road looks pleasant and easy. You just put a penny in the slot (a guinea as a matter of fact), and the college does the rest. If you take the other road, you will be asked to do some hard thinking, attend meetings, read up subjects, perhaps oppose the opinions of those in high places. But whither do the roads lead? One will lead to lay control, to the deadening of the intellectual level, to the paralysing of independence of thought and expression, to economic dependence and the consequent lowering of the standards of

the profession. The other road will lead to the control of the profession by those who best understand its needs; and this will bring with it a quickening of the sense of responsibility towards and pride in the profession. The power of judgment and the faculty of expression will be developed, the influence of nursing opinion will then make itself felt, and better conditions will be the result, not only for nurses themselves but for the public which is dependent on their efficiency.

A REFUGE FOR LEPERS

The Journal of the American Medical Association reports the passage by Congress of a bill providing for a national hospital for lepers, "in which may be gathered for care and treatment those unfortunate persons who may be infected with leprosy. The number in any one state is too small to justify the establishment of state institutions. The popular horror of leprosy and the absence of adequate provisions for the care of lepers have led in the past to extremely cruel and inhuman incidents which, it is hoped, will in the future be impossible. The removal of infected persons forming possible centers of infection will doubtless tend to check the spread of the disease, while rigid quarantine inspection will halt all immigrant lepers at our ports of entry. The passage of this bill is a distinct achievement for public health, and marks not only a growing disposition on the part of Congress to legislate constructively on public health questions, but also the constantly expanding importance and scope of the United States Public Health Service. To Senator Ransdell of Louisiana, chairman of the Senate Committee on Public Health and National Quarantine, and to Mr. Adamson of Georgia, chairman of the House Committee on Interstate and Foreign Commerce, is due a large share of the credit for the success of this measure."

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

Collaborators: BESSIE B. RANDALL, R.N., ELIZABETH GREGG, R.N.,

PATIENT'S HISTORY CARD

(*Continued from page 436*)

"History, Personal and Family." "Man" refers to the head of the household, it may be the father of the patient, it may be the husband, or it may be the patient himself. It does not mean the name of the father of a married adult patient unless that married adult patient is wholly dependent on his parents for care and support. If the man is dead, the year and cause of his death and his birthplace are significant and should be asked. The same is true of the "Woman" who is the wife of the man.

Occasionally, in some cities, a nurse may care for a man or a woman in a lodging house, self-dependent people with no near kin. In that case the given names of the parents of this patient are useful for identification purposes. For instance, the relatives of Mary Smith, taken ill with pneumonia and perhaps later dying in a lodging house, are more easily traced if her card shows that she is the daughter of John and Susan, that the father's birthplace was England, the mother's Scotland, and her own America. Of course such a case is an exception, nevertheless our exceptional cases give us far more trouble and hard work than our routine cases; and these little items are extremely helpful in their proper places.

The next line, "Number in Family, Adults and Children," when compared with the number of rooms, asked for later, shows how good or how poor sleeping and living arrangements may be. A larger number of adults than children is also suggestive of a more comfortable income. "Children" includes all members of the family below the compulsory school age (in Illinois 14 years) and all other non-working members under 18 years of age.

"Total Income" is not asked in families paying for the nursing service or being paid for, unless some form of material or medical relief is needed, in which case the nurse should know the income before she offers hospital care, a brace, or public or private material relief. This has been a much disputed point, some nurses thinking that when the

cost of the patient's care was being met by another agency, no questions at all should be asked. However, when this family asks or expects any form of relief through the assistance of the visiting nurse, she will be doing a poor bit of social work if she does not at first ascertain why they cannot secure this relief for themselves. "Income" means all money coming into a family, whether in the form of wages, room-rent, char-work, or what not.

A visiting nurse once sent a patient from a home where English was not spoken, to a free bed in one of our large private hospitals. The patient was found in a state of coma, very ill, and in the back room of a dirty little tenement. A somewhat stoical husband refused to let his wife go to the public hospital, but insisted that he could not pay for hospital service, and from appearances, this was true, therefore a free ambulance was requisitioned and the patient was got to a hospital and her life saved. She was there, in all, nearly four weeks. While there, an undertaker living in the neighborhood went to the local C. O. S. office and complained that the Business Men's Association of that district would no longer help the relief agency, if the wife of one of his most well-to-do neighbors received free care from a hospital that occasionally solicited funds for its support. The family was looked up and it was found that the husband of this patient owned real estate valued at nearly $25,000 and that he had closed a deal not a week before involving $8000, that he understood enough English to know what the nurse wanted of him, but that he had no intention of offering to pay for care if he could get it for nothing. The hospital later presented a bill of forty-odd dollars to this man and it was paid without protest. For weeks after that, however, the visiting nurse had an extremely difficult time getting any patients in that neighborhood to go to hospitals for treatment, as they knew about the bill and feared that they would be asked to meet such expenses which most of them could not do. In this case the nurse did the right thing for the patient by getting her promptly into the hospital; her mistake lay in the fact that she did not try to trace the patient through the Social Service Registration Bureau. As a matter of fact, the patient was not registered with the Bureau, but this in itself was a very significant fact. It is not safe to go entirely by appearances when we are giving so much to any patient.

"Roomers, Male, Female," are significant for three reasons. Their presence adds to the overcrowding of small quarters; it undoubtedly adds to the income of the family; a woman roomer living with a widow and small children is not of any special importance; a male roomer, even if distantly related to the family, means that the children may be

unnecessarily exposed to unfortunate associations. In mining towns, in steel towns, and near stock yards, this question of roomers is a very vital one; a great deal of trouble among young, unmarried, non-English-speaking girls may be traced to the congested rooming houses, which are the only homes they know.

"Sanitary Condition, Good, Fair, Poor," means the actual condition of the premises, not dirt and disorder caused by the bad housekeeping of the mother. If conditions are uncommonly bad, this should be emphasized in the space below.

"Rent, House, Tenement, Furnished Rooms," means amount of rent paid, and by writing the sum opposite the word underscored, it is shown in what kind of quarters the family lives. If there is no reason for asking the total income of the family, there is ordinarily no reason for asking the amount of rent and this should not be done; but the type of house in which the family lives should be underscored for future reference.

The question of furnished rooms is a very troublesome one in cities like Boston, Chicago, and New York, probably this is equally true of smaller places. A family consisting of father, mother, and children living in furnished rooms bespeaks a bad start for the little ones. In fact, the lodging or furnished rooming house family is one of the most difficult problems any nurse or family visitor has to meet. It moves so frequently, it possesses so little, its meals are so irregular, and it has so few interests in life that if the family does not begin life as "poor white trash" it just naturally declines into this class. Then again, furnished rooms are hotbeds for the spread of all sorts of infectious diseases. In spite of the city sanitary regulations, visitors frequently see such rooms that have not been cleaned for months, if not for years, and the exposure to each new family entering them cannot be estimated. For these reasons the furnished rooming-house family is one of the hardest that a visiting nurse has to handle. She must, therefore, put her very best efforts on it, frequently to be rewarded with absolute failure and empty rooms, for when she becomes too insistent, the family simply moves over night.

Other classifications of types of houses can easily be added as the next line furnishes space for this.

"Registered with Other Agencies, with Dates" is useful in enlightened cities where social service registration bureaus are organized. A family not known to any other agencies in the city, coming for the first time to the nursing agency, is usually one in which nothing but medical relief will be needed. A family registered with public and

private relief agencies, the Juvenile Court, Legal Aid Society, and three or four others, bids fair to be a difficult case from the start.

"Reported to Other Agencies, with Dates" shows the amount of coöperation the visiting nurse sought, and also is the key to her intelligent handling of the family situation.

"Name of Church" asks the actual name of the church the family attends. "St. John's M. E." is far more significant than the word "Methodist," for it is frequently necessary for a visiting nurse to call a clergyman on short notice or to get in touch with the parish visitor or the St. Vincent de Paul visitor for conferences or advice. If the first worker making the history card fills in the name of the church rather than the denomination, she will save time and questions for the second nurse.

These items take up the first nine lines on this card; the remaining eight are left blank. This space is for family history, social history, earlier physical history, nurse's plan for patient or family, summaries of other cards in the same family, for a general picture of the household, or any other information which will help the nurse or her supervisor or her successor to handle that family wisely. If the family is English-speaking, intelligent, coöperative, illiterate, troublesome, indifferent, these items take but little space and are of very great value later.

In a large association where the head nurse or supervisor makes frequent rounds with the field nurse, the date of the supervisor's visit and her plan should be recorded here. This is especially important if a difference of opinion has arisen between the nurse and other social workers or the nurse and the family. When a nurse is working alone and some of her directors make calls with her occasionally, if she meets another worker by appointment in the home of the patient for whom the card is kept, the date and a brief report of this visit should be put here. This space is not for doctor's orders nor for the patient's present condition.

The reverse of the card is given up to eighteen lines, to be devoted to the "patient's condition, physician's orders, services rendered, fees received, daily coöperation with other agencies." It is ruled off into "Date" space, three spaces for "Temperature, Pulse, Respiration," it is divided in the center by one horizontal line.

When a case is to be carried for a long time and no "T. P. R." is necessary, these spaces need not be considered, the lines may be written over. The central line may be used or ignored, as the amount of information to be recorded indicates. The following instructions are given to the visiting nurses on the Chicago staff. They may not be usable in other cities, but they may be suggestive:

T. P. R. space need not be considered except when taken. Lines may be written over. Central line may be used or ignored, as amount of information to be recorded indicates.

PATIENT'S CONDITION, PHYSICIAN'S ORDERS, SERVICES RENDERED.

State facts in order asked for.

Give brief but clear statement of patient's condition on first visit—then sign full name.

When doctor's orders are obtained, put them down in full.

If complete record is made of these items and services rendered on first visit carefully recorded, *and there is no change in the patient's condition or doctor's orders*, do not make daily notation, but summarize.

TYPICAL CASE

Diagnosis—Burn on R. side of buttocks.

12/9/15—Pt. up playing—temp. 100—area about as large as saucer burned—dressed day before by doctor.

Dr.'s orders—Cleanse with boric sol., apply Rx ointment.

Area cleansed—ointment applied—bandaged—Anna Jones.

12/25/15—15 nursing visits made. Area healing nicely. A. J.

1/25/16—24 nursing visits made. Area almost healed. A. J.

2/4/16—6 nursing visits made. Area practically healed—dry dressing applied. A. J.

DAILY COÖPERATION WITH OTHER AGENCIES

Called H. for Friendless. They will care for Mary while her mother is in hospital.

Called at Chicago Commons regarding Mrs. C. Miss T. will use her influence in getting patient to consent to operation.

Phoned report of Mr. A.'s condition to U. C.

Met U. C. visitor at home by appointment, she agrees, etc.

In long cases, card should be written weekly or fortnightly, showing no. of calls, if pt. at home, care given, condition, etc., and any detail of condition, coöperation, need, etc. If no change in care, condition, etc., only the number of calls with the word "Usual Care" need be recorded. Ditto marks for daily visits should be avoided in all but acute cases. When additional second sheets are required, summarize material on first second sheet on new second sheet and tear up former. Whenever a nurse is transferred from a substation, the Supervisor or relief nurse should go over history cards with her in order that summary of long-drawn-out cases need not be neglected.

Closed cards: red check all omissions and return card to nurse's till. Look for previous history card for same patient or same family. If one is found combine information and file best kept card. Try to summarize and file only one card for a family, whenever possible. Underscore in red all significant items. Summarize along edge or on face of card and file the one sheet rather than three or four sheets. Don't destroy important cards, but be careful not to file too many sheets for the average case.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

Collaborators: ADDA ELDREDGE, R. N., LAURA E. COLEMAN, R. N.

HOSPITAL BILLS AND ACCOUNTING

FIRST PAPER

The matter of hospital bills and accounting has not assumed proportions of importance in the mind of the average nurse superintendent of a hospital when she undertakes the work for the first time. Her training has been along another line and the nursing care of the sick has hitherto occupied her whole attention, so that too often she approaches her new work with the most inadequate understanding of its breadth and scope. She has the impression that nothing matters so long as the patient receives his just due, and she has not yet learned that the possibilities for his having it are largely dependent upon the stability of the business management of the hospital. She does, however, approach her work with a conscientious determination to succeed, therefore she is ready for suggestions and directions.

Happily for the hospital world as well as for the nursing world, the nurse who would fit herself especially for such work may now find courses in institutional management open to her in some hospitals, colleges, and other schools. Since no superintendent can, single handed and alone, work out any scheme for economy and efficiency, she will do well to take all the help and coöperation she can secure from her co-workers, and she will do well to recognize that there are certain conditions which she may utilize and thus increase her chances for successful administration of the hospital's finances; among them may be mentioned an application of the principles of publicity now occupying the public mind. For instance, if the users of the various hospital materials can know something of their cost and value, a long step will be taken toward economy; it is impossible for them to otherwise realize its importance. Materials of every kind are plentiful and to be had for the asking; work may be (but by no means always is) simplified by having a plentiful supply always in sight, a supply for not only absolute needs but for those needs of which there is the remotest possibility. Therefore why not have an abundance? To offset this tendency, a class period now

and then given over to the discussion of some of the household bills will do much to create a proper sympathy followed by a desire to ameliorate the conditions arising from extravagance that from its cause is almost praiseworthy and is not the result of carelessness but of ignorance.

The nurse superintendent has had all her faculties trained for sympathy and the treatment of her patients has hitherto been mixed with a little sentiment. May it never wholly disappear! But she now finds that stern business and sentiment do not mix, however much the patient and his friends may like it. The amount desired is governed by the time in the patient's hospital experience. When he enters, he expects to do business with one who is gentle, unhurried, conscious of no other case but his, and who is apparently willing to give him all the time there is. If she is too business-like, hospitals are all dubbed unfeeling, hard, without a care for the afflicted ones who come to their doors; the superintendent is described as wearing the meaningless, institutional "smile which does not come off," everything is hard, nobody cares, etc. When he is ready for discharge and is going forth with a "clean bill of health" and stops to settle his bill at the business office on his way out, the scene is changed; it is laid in a foreign land. He makes no effort to resign his turn in favor of the newly arrived sick patient. He now proposes to do business with promptness, despatch and accuracy and questions the charge of ten cents for ginger ale, or perchance the number of days of treatment, with the remark that he did not spend the whole of his last day in the hospital, since he is leaving at 2 p.m. Verily the "institutional smile" is the visible outward form of salvation for the nurse superintendent of the hospital, while she treasures the injunction of St. Paul to "be all things to all men."

In these days of much labor legislation she requires information of the laws regarding the "Workmen's Compensation Acts" in her own state. The enactments may operate under different titles and with varying degrees of fairness to the hospitals but their purposes are much the same in the different states. These laws, both operative and proposed, have made many changes in hospital administration and promise so many more that no superintendent can safely evade their consideration. Doubtless the various courses offered in institutional management will eventually include their study, if the curriculum does not already contain it.

In a hospital managed by a private corporation for public charity the fixing of rates of payment for patients constitutes no small part of the duty of the superintendent. It is not usual for hospitals of this class to permit their patients to become paupers, therefore a charge is

made which varies somewhat, according to the ability of the patient to pay. It is a help in maintaining the hospital but is rarely the full cost and is based upon the belief that individuals who would be self-respecting must pay for what they have. As a matter of fact, *someone* has to pay for every commodity and every advantage that is used. When the state, city, or town pays, the individual becomes a pauper. When the private corporation assumes his care and responsibility, in whole or in part, he is no less a dependent but the fact is not known, is not published, and he is not called a pauper. It consequently happens that the private corporation receives applications for help from the indolent as well as the indigent, and responds freely to the calls.

As before said, the rates for public ward patients are based upon the ability of the patients to pay, while those for private patients are based upon what he receives. A fixed charge is made for his room including board, nursing care and the ordinary medical or surgical treatment. Whatever he has in addition must be considered an extra and be paid for accordingly. The American people deny themselves almost nothing when ill. They do not often protest against charges for extras which as a rule are not necessities but luxuries, as for instance grate fires in a steam heated building, special nurses long after convalescence is established, diets that belong to the cuisine of a high-priced hotel rather than a hospital, proprietary medicines whose only advantage over those ordinarily furnished by the hospital are in their pleasanter taste. For all these he should pay and pay well, not merely the cost of the articles but that incurred in procuring them. If a special messenger must be sent a long distance, his time and traveling expenses must be included in the cost.

There is a great demand made upon hospitals by visitors who spend time with friends or relatives who are patients. Lunches, teas and dinners are often requested by these visitors, who thus not only impede the progress of the work but add to the expense of maintenance. A prohibitive price for this service is fair when it is unnecessary, as in the case of the friends and neighbors who bring their embroidery prepared to sit with the patient the entire day. Doubtless any hospital is glad to serve the friends and relatives of the seriously ill patients, especially when they are cared for in the public wards and are unable to provide for themselves. In any case the hospital will not forget its function, which is to help those in trouble.

In order that there may be no loss to the hospital and in order that the patient may have no misunderstanding in regard to his expenses, it is better that bills should be rendered weekly upon a definite day. For the same reason time and effort will be saved if he has all remain-

ing bills upon discharge from the hospital. It is well to be ready at all times to receive money when it is offered, be it Sunday or holiday, day or night, it may not be offered again. Receipts should be given, that mistakes may be obviated. In all efforts for the dispensation of charity, care must be taken that it is no less than charity and that it is not an encouragement of those members of society who are on the *qui vive* to get something for nothing.

The method of caring for hospital expenses and of paying the bills thus incurred is another phase of the subject and will be treated later.

WE WANT WAR!

Soon the south winds will rout old Boreas in their seasonal fight. The smile of vernal sunshine will warm the earth. Spring rains will wash the face of Nature, and the young year will don its dress of green and beckon to the dance of all outdoors. What then? Mr. and Mrs. Fly, wintering with some hundreds of careless householders, will respond early to the invitation, of course. They will sally forth to hunt a rich manure pile or garbage accumulation or heap of rotten refuse. Mrs. Fly will lay about two thousand eggs in one of these choice spots. In a few days, as many maggots will hatch and worm into the ground for the pupa stage. Ten days later, young flies will emerge, ready for business. This whole cycle will require only about fifteen days. And then the city will be abuzz with diptera of the special order of *muscadomestica*, the hostile, heinous house fly. The fly is the nastiest insect extant. It breeds in filth, eats it, walks in it, bathes in it, rejoices in it. This would be right enough if it did not also love to associate with respectable humans.

It enters the palace and the hovel, the hospital and the church, without knocking and without changing its clothes or its bad manners. It is no respecter of premises or persons. . . . The tale of its crimes against humanity will never be told. The deaths it has caused are credited to the germs it carries to the patient, while it, the real criminal escapes. Typhoid, tuberculosis, dysentery, infantile diarrhea, diphtheria, smallpox, scarlet fever and various other infections may be carried by it from man to man. Get very busy then, oh man and woman and child! Put those screens on doors and windows early. Clean up the back yard and keep it so. Watch your neighborhood for nuisances of a fly-breeding sort, and report the violation. Get ready your swatters, and keep them in action until frost and snow have closed the fly season. A few dollars appropriated for screens, fly paper, poison and swatters will build a big bank account of household health, comfort and self-respect.—By A. M. Corwin, M.D., in the *Public Health Report of the Michigan State Board of Health.*

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

PROMOTING LACTATION.—The *Journal of the American Medical Association* in a synopsis of an article in a Swedish medical journal says prophylaxis is of vital importance to secure breast milk for children. The natural stimulus is the sucking of the child. The often and more vigorously it sucks the better the breast responds. Having the breast nursed eight or ten times a day has restored lactation even when it has been suspended for some time. If the milk is insufficient at first it can be supplemented with bottle feeding. One case is mentioned in which there had been no breast feeding but after five or six weeks of bottle feeding lactation was accomplished by means of persistent sucking.

TO KEEP SHARP INSTRUMENTS FROM RUSTING.—A German medical journal recommends that after thorough mechanical cleansing the instruments should be stood in a bottle of alcohol containing 5 or 10 per cent of tincture of soap.

FRENCH TREATMENT OF BURNS.—The *Medical Record* has an editorial on the treatment of burns by the method of Dr. Barthe de Sanfort, which has been exciting much comment. A mixture of paraffin and resin, called from its yellow color, ambrine, is sprayed hot, at a temperature of 158° F. upon the burn. It causes no pain whatever, on the contrary relieves whatever pain is present. After twenty-four hours it is still warmer than the body. The results obtained in rapidity of healing and freedom from scars are very remarkable. Its use is not confined to burns, it is efficacious in frost bite and is a superior treatment in certain wounds. It is first applied in very small quantities forming a thin layer, this is covered with cotton and then another layer of ambrine. After twenty-four hours the dressing is easily removed en masse. Pus may be found beneath; this with any sloughs is wiped off and the dressing reapplied. In no type of burn is it contraindicated.

A NEW GALACTAGOGUE.—A writer in the *New York Medical Journal* states that in treating a case of mastitis he injected subcutaneously a filtrate of the discharge from the nipple. He observed that the quantity of milk rapidly increased. In cases of deficiency of milk he now injects 1 cc. of the mother's own milk into her subcutaneous tissues, under strict aseptic precautions. In two days this is repeated

and if necessary a third injection is given in five days after the second one. The results under ordinary conditions are said to be sure.

WARNING AGAINST TRICHINOSIS.—The Bureau of Animal Industry has issued a warning against the eating of pork, raw, in the form of sausages, or otherwise. To be safe from the danger of communicating infection, pork should be cooked until it loses its red color throughout.

PREVALENCE OF MALARIA.—The Public Health Report of the Public Health Service states that there is probably no state in the Union in which malaria is not present and in which it is not spread by mosquitoes grown in the locality. It is least prevalent in mountains and well-drained regions.

PNEUMONIA.—A German medical journal, reviewing a book on the treatment of pneumonia during the last century or two, says one's own observation shows the more favorable course of pneumonia when nothing is done and the case is left entirely to nature. The result depends on the resisting power of the heart, hence the importance of the pulse; secondly, on the height of the fever; thirdly, on the involvement of the nervous system; fourthly, on the extent of exudation in the lung. Adults do not bear well cold or even tepid baths. Drugs are not completely ignored; opium is recommended when delirium tremens is feared, small doses of digitalis to correct the heart action, also caffein, sodium salicylate and camphor hypodermically, expectorants and narcotics to relieve the strain of coughing.

FRACTURE OF FEMUR.—In a paper on this subject, read at a meeting of the Southern Surgical Association, it is stated that no weight should be borne for four months on a femur which has been fractured and good functional results should not be expected in from less than six to twelve months.

ASPIRIN.—The *Journal of the American Medical Association* mentions that the patent obtained by the manufacturers of aspirin on acetylsalicylic acid expires immediately. It is sold in European countries at a much cheaper rate than in the United States, from 4 to 6 cents an ounce, as compared to 43 cents. It is advised that it be prescribed under its scientific name. The Council on Pharmacy and Chemistry says aspirin is not always harmless. Alarming idiosyncrasies are sufficiently common for the use of first doses, at least, to be under medical supervision.

SEARCH FOR IDEAL ANTISEPTIC.—The *Journal of the American Medical Association* reports some experiments that have been made to determine the effect of different antiseptics with respect to their efficiency in destroying microörganisms and their effect on the body cells. It was found that with some the tissue cells were definitely more easily killed

than were the bacteria. Iodine stands out as the one chemical tested to which cells were found more resistant than the staphylococci. It has, however, the power of rapidly dissolving fibrin. Ordinarily the union of wound surfaces by fibrin promotes healing. Only experience can decide how this affects the practical application.

Baby Week.—The Children's Bureau of the United States Department of Labor is making plans for a bigger and better Baby Week in 1917. The Bureau and the General Federation of Women's Clubs have agreed upon the week of May 1, as best suited for the work. The welfare work is to be extended to cover all children still at home with their mothers, not merely infants. Those interested in the work can obtain without cost a bulletin relating to it by applying to the Children's Bureau, Washingon, D. C.

Cold Air in Pneumonia of Childhood.—The president of the American Pediatric Society said not long since that in all acute infectious diseases there is now a general acceptance of the advantage of fresh air, except perhaps in measles and scarlet fever. In tuberculosis there is now no question of its advantage. In pneumonia the results from this treatment have exceeded those from any other method of treatment, including serums and vaccines. Its efficacy in bronchitis, pharyngitis, laryngitis, rhinitis and otitis have been doubted only because they have not been sufficiently tried. The *Journal of the American Medical Association* points out that the weight of recent experimental evidence favors the view that exposure of the body to cold is favorable to the occurrence of acute respiratory diseases and therefore caution is necessary, especially with infants, who cannot complain of discomfort.

The Anesthetist.—Dr. Goldwater, writing in the *Modern Hospital*, said the surgeon is greatly dependent on the anesthetist. The risks of anesthesia should not be disregarded, and will not be underestimated by anyone who has encountered fatal idiosyncrasies in patients. In a difficult case the skill of the anesthetist may be of no less importance than that of the surgeon himself.

The Deadly Fly.—Although it is early in the season, the attention of the public is being drawn to destruction of the fly. The newest recommendation of the Department of Agriculture is the use of powdered hellebore, applied to the breeding places of the fly, especially to horse manure. It is said to be an effective larvicide without affecting plant growth. For killing the flies themselves, the Hygiene Laboratory of the Public Health Service has found an eminently satisfactory new agent in salicylic acid. In a 1 per cent solution it destroys flies that consume it and is a safer and less objectionable substance to handle than formaldehyde.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

"NARRATIVES FROM THE WAR" AND "EVENTS OF THE DAY"

(Some of the replies from our readers to a question asked in the January JOURNAL as to the value of these departments.)

From Massachusetts:

"I think the departments are admirable, especially for nurses who are not general readers." E. O. B. "I would say emphatically, Yes. Those items are among what I look for first and are always full of interest." I. A. D.

From Delaware:

"Though I read the New York *Times* and some magazines on the war subjects, I am sure I should miss the departments. In them I read things which I seldom see or sometimes quite overlook in my own reading. I hope they will be continued." S. J. R.

From Ohio:

"It seems to me the departments you mention are very valuable. I read the daily papers and yet I find these articles always full of real news and so I fancy the nurse away from other sources of news must enjoy them hugely and be broadened by them." C. L. B.

From Pennsylvania:

"I wish to say that it would be very regrettable to me to see them dropped and humbly request that they still have a place in the publication." H. G. G.

From Illinois:

"I hope you will be able to continue the non-professional departments. Events of the Day is especially beneficial to nurses who are too busy to keep up with the daily papers. The articles are clear and concise, I for one have particularly enjoyed them." A. A. N.

From District of Columbia:

"To me the JOURNAL has become much more interesting since you started them (the departments) and I have taken it for about nine years. There is so much of value and information, as it were in a nutshell, that I should very much miss them were they to be withdrawn. I appreciate so much all the helpful editorials and what you send out is going to help hundreds of young women who find the strain of life great after taking up nursing." J. B.

From California:

"I should like to express my appreciation of each of these departments which represent such careful and painstaking effort on the part of their respective editors. A large number of nurses find it difficult, if not impossible, to read the mass

of current literature of the day. They must depend on the best reviews at their disposal. If anywhere, we can look to our nursing journal to give us an unbiased, though limited, summary of such events together with many interesting incidents which reach it from sources not open to other magazines. There are few nurses who are not more or less intimately connected with this world war, to them it is a matter of vital interest. Again why should we make our JOURNAL, strictly speaking, purely professional? Why not have it big enough and broad enough to help to a broader view? I should like through the JOURNAL to express a word of thanks to each of these able women and sincerely trust we may have the pleasure of reading more from their pens." E. D. V.

From Kansas:

"I should much rather the space were used for professional matter, as we read about these other things in the daily papers and other magazines, and this JOURNAL is about the only place where we can read about the work of the nursing world. It may not matter so much to those who practice in the cities or hospitals, but it means a lot to us who do private nursing far from any big nursing centre." T. A.

THE ADJUSTMENT OF CHARGES

DEAR EDITOR: Recently I was engaged for an obstetrical case, and at the time my services were required I was out of town and a graduate nurse from a neighboring town was called. After forty-eight hours I was able to go to the patient, having been notified to come, and two nurses were employed for a week. At the end of this time the other nurse left and charged $25 for her week's work. Now I have always charged $30 for this kind of work. The first nurse claimed that her school did not permit an extra charge of this kind. I would like to hear from private duty nurses in other sections in regard to this, as the occurrence really put me in a bad light with my patient, though I did not feel like reducing my terms. I feel that no hospital or association should have a compulsory schedule of charges, as it seems to me that no one is in a better position than the nurse herself to judge what her services are worth. I have always charged according to the amount of work and the financial condition of the patient. I believe I have distributed as many charity dollars as the average nurse. I also feel that nurses would be justified in raising their terms on all kinds of cases, as they, as well as others, feel the high cost of living.

Illinois. "R. N."

[We have always maintained that a nurse should regulate her fees, as does the physician, according to her ability and the patient's means. In the instance quoted, the writer was justified in charging what she thought her services were worth, but she should not object to the other nurse doing the same. The first nurse should not raise her accustomed rate of charge because the second one wished her to do so, each should decide for herself. We agree with the writer that rates should not be established for nurses by any school or by any association.—ED.]

THE GRADUATE'S UNIFORM

DEAR EDITOR: Why not have a universal uniform for graduates? The question ever comes—what kind of goods shall I use for my white uniforms? So many objections to the goods now used. Some too expensive, others wrinkle

too easily, while others hold so much starch as to be annoying to the nervous shut-in. The good laundress is rare. On one occasion I had to pay $3 for six dresses, six kerchiefs and one skirt, because so few ironed well.

Why not use white crepe? The Red Cross now permits its nurses to go on duty in the white dress, why would not the crepe be suited for home and field duty? Easy to launder, easy to pack, no rustle, no stiff uncomfortable cuffs to be crushed by the clinging hand of the suffering patient.

My experience has often necessitated changing a dress because of one soiled spot which could not be removed from starched goods without its still appearing soiled. Think, too, of the nurse who travels, how crushed her uniform looks when packed with the many other necessities she must crowd into a suitcase! Not so with the soft crepe. The clean appearance of the graduate's uniform is universally admired, the stiffness of all uniforms is generally disliked.

Anyone could launder the crepe dress, even the nurse, in an emergency. I, for one, could not handle them with starch, and when on duty we need to conserve energy, for the patient may need more than we have to give.

Virginia. E. M. B.

A COMPARISON

DEAR EDITOR: May I tell you of a friend who desired to become a trained nurse, much against the wishes of her family? While considering the different schools, she had her attention called to training by mail, through the medium of correspondence schools, and decided to look into the matter. It seemed to her that if the essentials of nursing could be grasped in a six-months' correspondence school course, it was not advisable for her to give up three years of her time to training in a hospital, with its rigid discipline, hard work and self-sacrifice. Just at this time, unfortunately, or shall we say, fortunately, a member of her family was taken ill with typhoid fever, which delayed her immediate decision. The doctor advised two nurses for the case and the thought struck Miss C. that here was the opportunity she was looking for, she would have a graduate from a hospital training school and one from a correspondence school to compare. She would study the methods of each, and decide which she would choose. Miss A. of the correspondence school was well educated, refined and possessed many qualities looked for in the ideal nurse. She believed she had done the wisest thing in taking a course of theory alone, but was open to conviction that hospital training is the real training. From the very beginning she was out-distanced. While she had that sincere love for nursing which makes any woman at home in the sickroom, she lacked confidence and a knowledge of the thousand-and-one little things which help to make a patient comfortable. As the temperature rose and temperature baths were ordered, while she knew the theory of giving them, she exposed the patient, the bath extended over too long a period of time, she moved him about constantly; she did not clean his mouth properly and the nasal passages not at all, and when she left him, after innumerable trips from the room, he was exhausted. She knew nothing of hemorrhage and intestinal lesion, of heart complications and other bad effects from her unskillful handling of the patient; she knew, of course, there was danger of these complications in the disease, but when they arose she did not recognize them. Her charts, too, were inadequate, though neatly kept. They lacked symptoms, she could not properly describe a stool or urine, the condition of the tongue, the skin and the eyes; of the character of the pulse she was absolutely ignorant. In her personal appear-

ance she was very neat, for correspondence teaching emphasizes personal neatness strongly, and rightly, too, but to her a squeaky shoe was a squeaky shoe, something to be remedied at some future time, it did not occur to her that it might irritate the patient. She had the habit of reading the paper and rocking her chair in the sick room. Then, too, when things were not going just right she did not adhere to her theory, but adopted Sairy Gamp methods, telling herself that circumstances alter cases, as indeed they do.

The nurse from the hospital training school, immaculate in a soft linen uniform, went about her work with that quiet, sure touch of one who knows and knows that she knows. After caring for her patient, he felt soothed and refreshed, and usually fell asleep, a sleep she allowed no one to disturb. She was always within easy reach of her patient without being obtrusive, and took in much while saying little. Through her knowledge of symptoms she was the busy doctor's right hand, for upon her he depended for an accurate knowledge of what happened during his absence. Her tactful handling of the family and servants, her quiet, aloof manner, her knowledge of her rights without slipping her bounds gave the family a feeling of confidence and security. Long before the disease had run its course, Miss C. had decided that if nursing were her vocation, three years would not be too long a time to spend in preparing for it. She was very fortunate in being able to study the best from each system of schools at first hand, for taking up nursing is a serious matter which deserves great thought and consideration.

New York. E. H.

TERMINOLOGY: "TUBERCULOUS" OR "TUBERCULAR"

DEAR EDITOR: I would be greatly obliged if you would publish the following article from the *British Journal of Tuberculosis* for the good of the profession: "In this country many people use the designations 'tuberculous' and 'tubercular' as though they might be considered synonymous. We have always held that 'tuberculous' is the proper adjectival term to be applied to a lesion which was definitely due to the tubercle bacillus. Now that the study and treatment of syphilis is to occupy an important place in medical work, and it may be convenient to describe certain syphilitic manifestations as of a 'tubercular' form, it is most desirable that accuracy and precision should characterise our terminology. The American National Association for the Study and Prevention of Tuberculosis has recently issued an official declaration on the proper use of the term 'tuberculous' and 'tubercular.' We quote the opinion in its entirety: of the various words used to designate some phase or other of the tuberculosis movement, the word 'tubercular' is most frequently misapplied. The term 'tubercular' may be used correctly only to describe conditions resembling tubercles, but not necessarily caused by the tubercle bacillus, the germ of tuberculosis. Thus, if one says a certain individual is tubercular, he really indicates that the person has a disease process manifesting itself by tubercles or little lumps but it is not necessarily tuberculosis. To say that the person has tuberculosis the adjective 'tuberculous' is the correct word. It refers directly to diseasd conditions caused by the tubercle bacillus. Thus, when an institution for tuberculosis recently labelled itself as a 'tubercular sanatorium,' it not only indicated that the sanatorium was sick, but that it was sick with something resembling tuberculosis. The adjective 'tubercular' should be used very infrequently. The word 'tuberculosis' may be used correctly as an adjective, modifying sanatorium, hospital, nurse, etc. This is in accord with the common usage of such phrases as 'typhoid hospitals,' 'smallpox infirmary,' etc. Tuberculosis may be used, as it commonly is, as a noun, but the use of 'tuberculous' or 'tubercular' as nouns without a modifying definite article, 'the,' is extremely doubtful. Since the anti-tuberculosis campaign is developing with such great rapidity, the National Association for the Study and Prevention of Tuberculosis urges all newspaper and other publications as well as its own affiliated associations, to make proper use of the words tuberculosis, tuberculous, and tubercular."

Michigan. H. R. G.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

The American Nurses' Association

The twentieth annual convention will be held at the Bellevue-Stratford Hotel, Philadelphia, April 26–May 2, 1917. All dues, from associations or individuals, should be in the hands of the treasurer before these dates (Mrs. C. V. Twiss, 419 West 144th Street, New York). No credential cards will be mailed to those in arrears. The programme, which is the same for the three national nursing organizations, is outlined as follows:

TENTATIVE PROGRAMME

Wednesday, April 25. Meetings of Boards of Directors and Committees of the three national organizations.

Thursday, April 26, 8 a.m. Registration. 10 to 12, Business sessions of the League and of the Organization for Public Health Nursing. 1 to 2.30 p.m., Advisory Council. 2.30 to 5, Business session of the American Nurses' Association. Session of lay members of the Organization for Public Health Nursing, Round tables. 4 to 6, Social hour. 5 to 6, Round tables. 8, Joint open session, speaker, Mr. Osborne.

Friday, April 27, 9 a.m. Joint session, subjects: Public Demands on the Graduate Nurse, three papers; How to Meet these Demands, three papers. 12 to 1.15, Round tables. 2.30 p.m., Joint session, subject: Problems of the Small Hospital, three papers. 3.45 to 4.30, Social hour. 4.30 to 5.45, Round tables. 8.15, Joint session, Health Insurance.

Saturday, April 28, 9 a.m. American Nurses' Association and the League. Subject: History of Nursing, two papers and discussion. 9 a.m., Meeting of the Organization for Public Health Nursing, subject to be announced. 10.30, Round tables. 2.30 p.m., Automobile trip.

Sunday, April 29. Special services in all churches and group gatherings.

Monday, April 30, 9 a.m. Joint session, subjects: The Status and Training of Attendants, three papers; Endowments of Schools of Nursing, two papers and discussion. 12 to 1.15, Round tables. 2.30 p.m., joint session, subject, Health Centers. 3.45 to 4.30, Social hour. 4.30 to 5.45, Joint session, subject: Social Hygiene, two papers and discussion. 8.15 p.m., Joint session, subject: The Red Cross.

Tuesday, May 1, 9 a.m. Joint session, subjects: Records and Statistics, three papers; The Private Duty Nurse, two papers and discussion. 12 to 1.15, Round tables. 2.30 p.m., Joint session of American Nurses' Association and League, subject: Teaching, two papers and demonstration. Session of Organization for Public Health Nursing, subject to be announced. 3.45, Social hour. 4.30, Round tables. 8.15, A demonstration.

Wednesday, May 2, 9 a.m. Business meeting of the League. 10.30, Business meeting of the Public Health Organization. 12 to 1.15, Advisory Council. 2.30 p.m., Business meeting of the American Nurses' Association.

HOTELS AND BOARDING HOUSES

The Bellevue-Stratford will be the official headquarters and the rates are as follows:

Rooms without bath, single rooms..... $2.50, $3.00, $4.00
(Additional charge of $1.00 for each extra person in room)
Rooms with bath, single..... $3.50, $5.00
(Additional charge of $1.00 for each extra person in room)
Double room and bath, with outlook..... $6.00 to $8.00
Room with twin beds and bath..... $4.50, $6.00
Large double room with twin beds and bath..... $7.00 to $10.00
Two rooms and intervening bath and open court (two persons) $6.00, $7.00
(Additional charge of $1.00 for each extra person in room)
Two outside rooms with intervening bath (two persons) $7.00 to $10.00

Guests desiring rooms are urged to secure their accommodations early, as frequently the demand is more than the supply at a large convention.

Other hotels in the vicinity of the Bellevue-Stratford are:

Hotel Walton.....Broad and Locust Streets
The Aldine Hotel.....19th and Chestnut Streets
The Hotel Rittenhouse.....22d and Chestnut Streets

The rates for the Hotel Rittenhouse.

European Plan

Single rooms, without bath..... $1.50, $2.50
Single rooms, with bath..... $2.00, $3.00
Double rooms, without bath..... $2.50, $3.50
Double rooms, with bath..... $3.00, $4.00

American Plan

Single rooms, without bath..... $4.00, $5.00
Single rooms, with bath..... $4.50, $5.50
Double rooms, without bath..... $7.50, $8.50
Double rooms, with bath..... $8.00, $9.00

Hotel Walton

Rooms, single, without bath..... $1.50, $2.50
Rooms, single, with bath..... $2.00, $3.50
Rooms, (two persons), without bath..... $2.50, $3.50
Rooms, (two persons), with bath..... $3.00, $5.00

Aldine Hotel

European Plan

Single rooms, without bath..... $2.00, upward
Single rooms, with bath..... $2.50, upward
Double rooms, with bath..... $4.00, upward

American Plan

Single rooms, without bath..... $4.50, upward
Single rooms, with bath..... $5.50, upward
Double rooms, without bath..... $8.00, upward
Double rooms, with bath..... $9.00 to $10.00

The Continental Hotel: Rooms $1 and upward. Rooms with bath $2 and upward.

The Lincoln: Locust and 13th Street, terms on application.

The Cambridge: Moss Colson, 1028–1030 Spruce Street, about $10 per week. 1214 Spruce Street, Miss Bonner; 1220 Spruce Street, Miss Rousseau; 1521 Spruce Street, $10 per week and upward. 1629 Spruce Street, $10 per week and upward.

Philadelphia Young Friends' Association: 140 N. 15th Street near Broad Street Pennsylvania Railroad Station, rooms, $.75 to $3; breakfast $.35, dinner, $.50, also à la carte.

Young Women's Christian Association: 18th and Arch Streets, room, $1.00 per day; double rooms, $1.50 per day; restaurant on eighth floor.

The Blenheim: 17th and Chestnut Streets, board, $2.50 per day.

The Margrave: corner of 20th and Chestnut Streets, about $3 per day.

2107 Chestnut Street, Miss M. E. Eastburn, board $2 and upward, room $1 and upward.

CAFÉS AND RESTAURANTS

Wanamaker's Tea Room: Meals à la carte, 13th and Chestnut Streets.

Sautter's Tea Room and Luncheon Room: 13th and Chestnut Streets.

The Green Dragon: 15th Street, below Walnut Street, luncheon only, $.85.

Finley Ackers: Corner 12th and Chestnut Streets, reasonable rates.

Whitman's Luncheon and Tea Rooms: 13th and Chestnut Streets.

The Arcadia Restaurant: Chestnut Street, between Broad and Juniper.

Kugler's Restaurant: Chestnut Street, between Broad and 15th Streets.

The Warwick Restaurant: 1906 Sansom Street, breakfast or lunch, $.50, dinner, $.75.

Luncheon and tea rooms in all department stores.

Also the Philadelphia Bureau of Boarding Houses for Women, a newly organized League, will secure rooms (on request) in reputable boarding houses. This Bureau is located in the Witherspoon Building, Room 329, 13th and Walnut Streets.

NOTE. The Committee on Hotels has not personal knowledge of all the places listed, but all have been recommended. All are within easy distance of the headquarters. In quoting prices, it is with the understanding that as the cost of foodstuffs increases, rates will be increased accordingly.

TRANSPORTATION

The Transportation Committee has arranged for a sightseeing trip to the convention, to be conducted by the Frank Tourist Company, which has arranged the trips for the two previous years. The general plan of the trip is as follows:

First day: Leave Chicago, 5.45 p.m.

Second day: Stop at Pittsburgh from 7.50 a.m. to 8.15 a.m. Pass through the Allegheny Mountains and Harper's Ferry with beautiful mountain scenery. Reach Washington at 4.45 p.m. American plan accommodation at Congress Hall Hotel.

Third day: Personally conducted tour of Washington, showing the principal buildings, also a steamer trip to Mt. Vernon.

Fourth day: Leave Washington at 10 a.m. Reach Baltimore at 11 a.m. Sightseeing trip to the parks and a visit to the Johns Hopkins Hospital. Leave Baltimore, 4 p.m. Reach Philadelphia, 6 p.m.

Fifth to eleventh day: In Philadelphia attending the convention.

Eleventh day: Leave Philadelphia, arrive in New York two hours later. European plan accommodations at the Hotel Astor.

Twelfth day: Sightseeing trip through New York City, showing parks, residence district, the Aquarium and Battery Park.

Thirteenth day: Leave New York at 9 a.m. by the Lehigh Valley, through beautiful scenery to Niagara Falls, arriving at 8.53 p.m. American plan accommodations at the Prospect House.

Fourteenth day: At Niagara Falls. Twenty-two mile trip, visiting the falls, whirlpool rapids and the gorge. Leave Niagara Falls, 4 p.m.

Fifteenth day: Reach Chicago 8 a.m.

This plan includes and provides first-class transportation for the entire trip; lower berth in standard Pullman sleeping car for each person; all meals en route; hotel accommodations on plan specified and sightseeing features mentioned. For a party of twenty-five, exclusive use of a Pullman sleeping car will be provided with the services of an experienced conductor. For a party of one hundred, a special train will be provided. A folder giving fuller details and prices may be had from the Frank Tourist Company, 396 Broadway, New York City.

NURSES' RELIEF FUND, REPORT FOR JANUARY, 1917

Receipts

Previously acknowledged	$3,590.50	
Interest on bonds	106.25	
Interest on certificates	60.00	
St. Mary's Hospital Alumnae Association, Minneapolis, Minn.	25.00	
Reading Hospital Alumnae Association, Reading, Pa.	15.00	
Vigo County Graduate Nurses' Association, Terre Haute, Ind.	5.00	
Edith M. Hodges, Orange, N. J.	3.00	
Nellie B. Wallace, Woman's Hospital Alumnae Association, Philadelphia, Pa.	2.00	
Jewish Hospital Alumnae Association, St. Louis, Mo.	5.00	
Massachusetts State Nurses' Association	25.00	
Annie W. Goodrich, New York City	10.00	
Cora E. Hardon, Orange, N. J.	1.00	
Chicago Nurses' Club and Directory, Calendars and Cards	4.05	
Mary A. Lewis, Krebs, Okla.	1.00	
Helen L. Bailey, Ancon, Canal Zone	5.00	
Edith Mayou, London, England	3.00	
Mary E. Ayer, Northampton, Mass.	1.00	
Speers Hospital Alumnae Association, Dayton, Ky.	5.00	
L. A. Reast, East Orange, N. J.	2.00	
Fanny E. Gerard Estate, through Anna Rein	10.00	
Emma Church, Braddock, Pa.	2.00	
		$3,880.80

Disbursements

Application approved No. 1, 24th payment	$10.00	
Application approved No. 2, 13th payment	5.00	
Application approved No. 4, 11th payment	200.00	
Application approved No. 5, 9th payment	10.00	
Application approved No. 6, 9th payment	10.00	
Application approved No. 7, 3d payment	15.00	
Postage, M. Louise Twiss, treasurer	10.00	
Error in deposit, should have been deposited in New Netherlands Bank	10.00	$270.00
		$3,610.80
13 Bonds		13,000.00
2 Certificates of stock		2,000.00
Balance February 1, 1917		$18,610.80

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers' Loan and Trust Company, New York City; for information, address Mrs. William L. Crass, chairman, Montesano, Washington.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND

January 16, 1917

Previously acknowledged	$25,726.24
Isabel La Roche of Johns Hopkins Alumnae	10.00
Georgia State Association Graduate Nurses	25.00
Mississippi State Association Graduate Nurses	5.00
Los Angeles County Nurses	10.00
Vigo County, Indiana, Graduate Nurses' Association	5.00
Public Health Club, Cleveland	25.00
Alumnae Association, Bellevue Training School, New York City	25.00
Alumnae Association, New York Hospital Training School	25.00
Total	$25,856.24

All drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago, Ill. All contributions should be sent to Mary M. Riddle, treasurer, Newton Hospital, Newton Lower Falls, Mass.

THE NATIONAL LEAGUE OF NURSING EDUCATION

The National League of Nursing Education will hold its twenty-third annual meeting in Philadelphia, at the Bellevue-Stratford Hotel, April 26 to May 2, 1917. The programme printed under the heading of the American Nurses' Association is also the programme for the League.

Each subject presented will be studied from the educational or teaching standpoint and will thus supply the part of the programme for which the League is responsible. This arrangement will afford an opportunity for members of each organization to hear a three-sided story instead of a one-sided

story, it will also bring all the delegates into closer contact which no doubt will result in greater unity and coöperation. Then, in order to discuss specific problems, many round tables on the various topics have been planned. The members are urged to come full of enthusiasm with a desire to give and to get.

A round table on programmes. The Executive Board of the National League of Nursing Education desires to call the attention of the readers of the JOURNAL to the fact that a round table will be provided at the coming convention to consider suitable topics for discussion for State League programmes. All members attending this round table are requested to come with suggestions that something helpful to officers of State Leagues may result. Help is constantly being asked on this point and it seemed as though this arrangement were signally an opportune one to solve some of the difficulties.

Reports of past meetings. A number of requests have come to the secretary recently, asking for information concerning back copies of the *Proceedings* of the National League of Nursing Education conventions. For those desiring copies, the following numbers are available at cost price: $1 for cloth binding, $.50 for paper binding. In cloth there are the reports for 1907–1916, with the exception of 1910 and 1911; in paper there are the reports for 1912, 1913, 1915, 1916. Further information will be supplied on application to the secretary, E. J. Taylor, Johns Hopkins Hospital, Baltimore, Md.

ARMY NURSE CORPS

Appointments. Lynn C. Freeland, graduate of Mercy Hospital, Davenport, Iowa; Anna L. George, Woman's Hospital, Philadelphia, Pa.; Ruth McCreary, Methodist Episcopal Hospital, Indianapolis, Ind.; Ada J. Allan, Tacoma General Hospital, Tacoma, Wash.; Grace E. Thompson, University of California Hospital, San Francisco, Calif.; assigned to duty at the Letterman General Hospital, San Francisco, Calif. Anna L. Davis, German Hospital, Philadelphia, Pa., assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. Mary Josephine Palmes, St. Vincent's Hospital, Birmingham, Ala., assigned to duty at Base Hospital, No. 1, Fort Sam Houston, Texas.

Re-appointment. Lila Fair, graduate of Sydenham Hospital, New York, N. Y., post graduate course at Bellevue Hospital, New York, N. Y.

Transfers. To Letterman General Hospital, San Francisco, Calif.: Pauline J. Paulson. To Cantonment Hospital, Columbus, N. M.: Flora Hensel and Mina S. Keenan. To Department Hospital, Honolulu, H. T.: Mary L. Delaney and Richie C. Hall. To Department Hospital, Manila, P. I.: Margaret Knierim and Ella Twidwell. To Post Hospital, Fort Wm. McKinley, P. I.: Rose L. Hanson. To Camp Hospital, Marfa, Texas: Catherine L. Leary, with assignment to duty as Chief Nurse.

Discharges. Ella Kirkpatrick, Elida E. Raffensperger.

Resignations. H. Victoria Robinson, Grace G. Engleman.

RESERVE NURSES, ARMY NURSE CORPS

Assignments. To Army and Navy General Hospital, Hot Springs, Ark. From Memphis, Tenn.: Clara E. Janett, Annie M. Colquitt. From Buffalo, N. Y.: Edna Reese, Margaret N. Hennessey. To Base Hospital No. 1, Fort Sam Houston, Texas: from Dayton, Ohio, Mabel Smith; from Knoxville, Tenn.,

Amanda Grindstaff. To Base Hospital No. 2, Fort Bliss, Texas: from Paterson, N. J., Ruth Parker, Alison Martin; from Philadelphia, Pa., S. Alice Barger, Caroline R. Bauer, I. Helen Erich, Mary E. Heberlig, Clara M. Fiechter; from Baltimore, Md., Mary C. Kienzle, Sara V. Sutherland, Cornelia L. Price, Anna Ruth Medcalf; from New York, N. Y., Mabel Clarke, Dorothy Brown, Dorothy C. Mackelcan, Frances M. Gallaher; from Brooklyn, N. Y., Margaret A. Pepper, Sarah A. McCarron; from Cedar Rapids, Iowa, Alma Strutthoff; from Memphis, Tenn., Margaret Cumming; from Minneapolis, Minn., Minnie Nelson; from Cincinnati, Ohio, Mary E. Minshall, Ella Y. Militz, Bertha M. Salzer, Mary A. Shipman; from Buffalo, N. Y., Edna B. Hammersmith, Ada B. Hamilton, Mary Mahl, Josephine Ballou. To Base Hospital No. 3, Brownsville, Texas: from New York, N. Y., Pearl M. Saunders. To Base Hospital, Eagle Pass, Texas: from Sioux City, Iowa, Jessie Irene Dann, Bertha Ewer; from Madison, Wis., Sarah E. Albers, Frances A. Ochsner. To Base Hospital No. 5, Nogales, Ariz.: Antoinette Ahlschier, Mary L. Applewhite, Mary E. DuPaul, Elsie Stoltzfus; from New Orleans, La., Clara G. Randall. To Camp Hospital, Deming, N. M.: from Toledo, Ohio, Catharine M. Dalton; from Sioux City, Iowa, Augusta Olson, Mary A. Law. To Camp Hospital, Douglas, Ariz.: Virginia P. Gibbes, from Atlanta, Ga.; from Springfield, Mo., Stella Duvall, Dora Stacy. To Camp Hospital, Marfa, Texas: from Brooklyn, N. Y., Helen F. Ryan, Margaret G. Egan; from Los Angeles, Calif., Julia M. Adams, Maude Parson; from Pasadena, Calif., Susie F. Hunt, Frances B. Chapman; from Memphis, Tenn., Elinor Shirley, Birdie W. Terrell.

Relieved from active service. Lenora Rall, Virginia Carnahan, Bessie McNutt, Elizabeth A. Eagan, Nell Floss Steel, Edith A. J. Howard, Katharine Kerr, Josephine Palmes.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

Appointments. Ann Taber, of Brokesmith, Texas, Presbyterian Hospital, Austin, Texas; Lila M. Aman, of Richlands, N. C., James Walker Memorial Hospital, Wilmington, N. C.; Nell Winchester Howard, of Louisville, Ky., Norton Memorial Infirmary, Louisville; Alice A. Tanguay, of Dover. N. H., Elliot Hospital, Manchester, assistant superintendent, Webber Hospital, Biddeford, Me.; Viola Visel, of Highwood, Conn., Elizabeth General Hospital, Elizabeth, N. J.; Post-graduate course Boston Floating Hospital, American Red Cross Nursing Service, La Panne, Belgium; Lucile Butler, of Ann Arbor, Mich., University Hospital, Mich., supervisor of Pediatric Department, University Hospital; Josephine Y. Raymond, of Salem, Mass., Exeter Hospital, N. H., Post Graduate Course Bellevue and Allied Hospitals, N. Y., Superintendent of Nurses, Hope Hospital, Fort Wayne, Ind.; Vera O. Harmon, of Raleigh, N. C., Rex Hospital, Raleigh; M. Cordelia Simmons, of Raleigh, N. C. (re-appointed), Rex Hospital, Raleigh; Myrtle Iseley, of Raleigh, N. C., Rex Hospital; Janet Redfearn, of Fall River, Mass., Willard Parker Hospital, New York, St. Luke's Hospital, Orlando, Fla.; Adelaide H. Percy, of Bath, Me., St. Barnabas Hospital, Portland, Me., superintendent of Belfast City Hospital, Belfast, Me.; Emily J. Craney, of Swan Lake, Mont., St. Luke's Hospital, Spokane, Wash.; Anne Witte, of Chehalis, Wash., Samaritan Hospital, Portland, Ore.

Transfers. Mrs. Julia T. Johnson, to Washington, D. C.; Anne Witte, to Mare Island; Viola M. Visel, to Newport, R. I.; Mary C. Chewning, to Washington, D. C.; Helen L. McKenzie, to Philadelphia, Pa.; Carrie Luppert, to Annapolis, Md.; Mrs. Mary J. Anderson, to Philadelphia; Corinne W. Anderson, to New York; Frida Krook, to Washington, D. C.; Anna Lee Merritt, to Annapolis, Md.; Ann M. Taber, to New York; Josephine Y. Raymond, to Chelsea, Mass.; M. Cordelia Simmons, to Annapolis, Md.; Emily J. Craney, to Mare Island; Alice A. Tanguay to Newport, R. I.; Mollie Detweiler to Guam; Caroline D. Abplanalp, to Washington, D. C.; Vera O. Harmon, to Washington; Myrtle Iseley, to Washington, D. C.; Blanche Moran, to Newport, R. I.; Helen L. Abbe, to Canacao, P. I.; Mary Frances Lowry, to Canacao, P. I.; Anna I. Cole, to New York, N. Y.; Anne M. V. Hoctor, to Mare Island, Cal.; Lucile A. Butler, to Newport, R. I.; Mary A. Mulcahy, to Philadelphia, Pa.; Margaret O'Brien, to Philadelphia, Pa.; Lila M. Aman, to Norfolk, Va.; Nell W. Howard, to Washington, D. C.; Janet Redfearn, to New York; Adelaide H. Percy, to New York; Cora Hall Baptist, to Annapolis, Md.; Nellie R. Ferrell, to Philadelphia, Pa.; Virginia Lee Gray, to Annapolis; Elizabeth Mullen, to Norfolk, Va.; Elizabeth Sturmer, to Norfolk, Va.

Honorable Discharge. Elizabeth Hopkins.

Resignations. Frances B. Liggett; Myrtle Snyder, Mary B. Wise.

LENAH S. HIGBEE,
Superintendent Navy Nurse Corps.

Arkansas: Little Rock.—ST. VINCENT'S INFIRMARY ALUMNAE ASSOCIATION held its annual meeting at the Infirmary on February 1. A summary of the proceedings of the year was given. The gift to the members who were married during the year was changed from a berry spoon to a cream ladle. Ten or more members attended the convention in New Orleans, and seven attended the State Association meeting held in Hot Springs. Two entertainments were given, one in honor of Bertha J. Gardner, of the JOURNAL staff, and the other for alumnae members only. Eight new members were received. At the November meeting it was unanimously voted to give the amount at that time in the Sick Benefit Fund, $33.50, to the Nurses' Relief Fund. At a special meeting held in November, to learn the amount that each member would subscribe to the new City Hospital, it was voted that each pledge herself for $6, making a total of $300, to be paid in installments of $50. The amount collected for the first payment was $96, and at the request of Sister Bernard, to whom it was entrusted, it was placed in the bank in the name of the alumnae association. Ten meetings were held during the year with an average attendance of 18. One member was married. Officers were elected as follows: president, Frankie Hutchinson; vice-president, Elizabeth Hoeltzel; secretary-treasurer, Gertrude T. Groben; corresponding secretary, Celest Campbell.

Colorado.—THE COLORADO STATE TRAINED NURSES' ASSOCIATION held its thirteenth annual meeting in Denver, at the Young Women's Christian Association Building, February 8 and 9. Dr. Shapiro gave a talk on Public Health Nursing; Dr. Gengenbach on Cancer; Dr. Molleen on Infantile Paralysis. Twenty nurses were admitted into active membership. A state Relief Fund Committee was appointed. The proposed revision of the by-laws of the American Nurses' Association was discussed, but no definite action was taken. Denver is to be congratulated that the long looked for and much needed Children's Hospital

has been completed and was opened for inspection by the public on February 10. The building is modern and up to date in every way. It will accommodate one hundred children. **Colorado Springs.**—The Glockner Training School Alumnae Association held its annual meeting on January 10, and elected the following officers: president, A. M. Musilek; vice president, Ruth Smithmien; recording secretary, Bertha Mackay; corresponding secretary, Mary Murphy; treasurer, Miss Richmond. After routine business, Bertha M. Erdmann, instructor in the school, gave an interesting talk on its progress. A social hour followed. Sister Marie Gerald, superintendent of nurses, is taking a post graduate course in New York, and Miss Erdmann is teaching during her absence.

Connecticut: Meriden.—Meriden Hospital Alumnae Association held its annual dinner at the Winthrop Hotel, on January 9. At the business meeting which followed officers for the year were elected: president, Jacobina Riekie; vice president, Mrs. Edith M. Marcham; secretary, Nellie M. Wood; treasurer Jennie Pratt. During the evening Mrs. Napier read an article written by Dr. E. T. Bradstreet, on The Nurse from the Patient's Point of View.

Georgia.—The State Board of Examiners of Nurses for Georgia will hold its annual examinations on April 17, 18, and 19, in Atlanta, Augusta, Macon and Savannah. Jane Van DeVrede, secretary, 801 Price Street, Savannah.

Illinois.—The Illinois State Board of Nurse Examiners will conduct an examination for the registration of graduate nurses in Chicago, April 18 and 19, 1917. Application blanks and information may be procured from the secretary, Anna L. Tittman, Capitol Building, Springfield, Ill. The Seventh District of the Illinois State Association of Graduate Nurses held its annual meeting at Peoria, on January 5, and elected officers as follows: president, Agnes A. Newbold; vice presidents, Hattie Lavreau, Katherine Selters; recording secretary, Kathryn Warnock; treasurer, Margaret Lynn; corresponding secretary, Rose M. Wood, 716 Hamilton Boulevard, Peoria. Dr. Collins gave an illustrated lecture on How Progress in Surgery is Accomplished. Two new members were admitted. **Chicago.**—Lillian Urch, class of 1907, Illinois Training School, has resigned her position at Newport, Rhode Island, and accepted one at Guatemala, Central America. Josephine Chamberlain has taken charge of the operating room at Bishop Clarkson Memorial Hospital, Omaha, succeeding Lulu Mustaine, who has entered army service, being located at Letterman General Hospital, San Francisco.

Indiana: Ft. Wayne.—The Lutheran Hospital Alumnae Association held its annual meeting December 3, with nineteen members present, and elected the following officers: president, Elsa Sperry; vice president, Meta Holman; secretary, Pauline Huser; treasurer, Elsie Borman. Frances Steele, class of 1909, Hope Hospital, has taken the position of industrial nurse at the Electric Light Works. Mabel F. Pittman, class of 1915, has accepted the position of superintendent of Van Wert County Hospital, succeeding Rilla Files. This is a new, spacious, three-story building with a capacity of fifty beds. Several graduates are on regular duty, and a training school has been established. There is a beautiful residence for nurses on the same block. Both buildings were erected through the generosity of George H. Marsh, a citizen of Van Wert, Ohio. **Lafayette.**—Mable Kantz has accepted the position of assistant to Rachel Hill, as Public Health nurse, and Ethylin Hatfield has undertaken similar work in Indianapolis. Bessie Surface Goaz is doing hourly nursing. Grace Morehouse

class of 1906, Home Hospital, has accepted the position of resident nurse at the Caldwell Memorial Home, at Earl Park. HOME HOSPITAL ALUMNAE ASSOCIATION held a meeting at the home of Miss Rogers, in Dayton, on December 22.

Iowa.—EXAMINATIONS BY THE STATE BOARD OF REGISTRATION FOR NURSES were held January 23-25, with an attendance of 104. Des Moines.—EMMA C. WILSON, class of 1899, Asbury Hospital, Minneapolis, has taken up Child Welfare work under the auspices of the Extension Division of the University of Indiana. Child Health Institutes including Infant Welfare will be held in various parts of the state, the party spending three days in a locality. Among those composing the party are a physician, a nurse, a playground worker, a professional story-teller and a landscape gardener. MARY LENT, secretary of the National Public Health Association was the guest of the Visiting Nurse Association on February 9, and met the members at the home of her hostess at 2 p.m., for a talk on local work and its extension. In the evening she spoke to the student nurses at the Iowa Methodist Hospital. The next day she was the guest at luncheon of the Registered Nurses' Association and in the evening addressed the students of the Iowa Lutheran Hospital. THE DES MOINES REGISTERED NURSES' ASSOCIATION held its regular meeting at its room, 600 Fleming Building, on February 7. It was voted to give $5 to the Committee of Housing Conditions of the Federated Women's Club. Edith M. Robinson read a fine paper on Books for Nurses, advising nurses to take special courses in reading. She advised that the program committee, in arranging for the year, plan with a special thought for the year, rather than for promiscuous subjects for the days. Animated discussion followed. Twelve nurses were present. THE IOWA LUTHERAN HOSPITAL held its graduating exercises at the Swedish Lutheran church on February 14. Greetings were given by the superintendent of the hospital, Rev. Mr. Hanson. An address was given by Dr. M. Wahlstrom, superintendent of Augustana Hospital, Chicago. Mr. Hanson addressed the class, and diplomas were presented by the president of the Hospital Board to sixteen nurses. HAZEL CARMER has resigned her position as superintendent of the General Hospital, and has been succeeded by Josephine Bunn, formerly assistant superintendent of King's Daughters' Hospital, Perry. The latter position has been taken by Emma Yeager. Sioux City.—DOROTHEA DORPAT, class of 1911, German Lutheran Hospital, has resigned her position as superintendent of the Wichita Hospital, Wichita, Texas, and will take a course in Social Service in Chicago. Black Hawk County.—THE BLACK HAWK COUNTY ASSOCIATION met at the home of Mrs. Grace Cascaden as the guests of Jeannette Douglas on January 16, twelve nurses being present. Officers were elected as follows: president, Nanna Colby; vice presidents, Marie Neilson, Cedar Falls, Mildred Williamson; secretary, Jeannette Douglas; treasurer, Margaret O'Brien. At a Christmas meeting held at the home of Miss Douglas, Christmas toys were exchanged and later taken to the Good Fellows for distribution among children who might be overlooked. Christmas music and an interesting article by Jeannette Douglas were the entertainment of the evening. Cerro Cordo County.—CERRO CORDO COUNTY nurses have recently formed an association and elected the following officers: president, Anna Louise Davis; vice president, Molly Story; secretary-treasurer, Hattie Lymenstahl. Jefferson County.—JEFFERSON COUNTY NURSES' ASSOCIATION resumed its meetings in November, and reëlected Ellen Anderson as president, and Anna Benson as secretary. At the January meeting held in the nurses' home, five new members, the first gradu-

ates of the Jefferson County Hospital, were admitted to the association. MERLE WRIGHT has accepted the position of night supervisor at Jefferson County Hospital. BLANCHE WRIGHT has taken the position of assistant superintendent of the Washington County Hospital. JEFFERSON COUNTY HOSPITAL has a Chase Hospital Doll, presented by physicians, dentists, and nurses. Keokuk.—ELIZABETH ANNE CONNELLY, class of 1915, St. Bernard's Hotel Dieu, Englewood, Ill., has taken the position of superintendent of St. Joseph's Hospital.

Louisiana: New Orleans.—EMMA L. WALL has accepted a position with the United Fruit Company, in Spanish Honduras.

Maryland.—THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for State Registration June 5, 6, 7, 8, 1917. All applications, including those for reëxamination, must be filed with the secretary on or before April 15, 1917. Note the earlier date for filing application. Mary Cary Packard, secretary, 1211 Cathedral Street, Baltimore, Md. THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting February 6-7. The State League of Nursing Education held an open meeting on February 6, at the Medical Library, when Charles Ranft, Examiner in Preliminary Education, spoke on the Educational Standards adopted by the State Board of Examiners. In the evening a demonstration of nursing procedures was held in the amphitheatre of Johns Hopkins Hospital. At the session held on February 7, work accomplished during the year was reported, an address on obstetrical nursing was given by Martha Friend, and Irene Tabb gave a summary of the work done at the Children's Hospital School during the infantile paralysis epidemic. At the evening session Dr. George Walker spoke of the Vice Crusade. Clara D. Noyes, superintendent of the Red Cross Nursing Service, spoke of what would be expected of the National Association should the country be involved in war, and told of the methods which would be used in handling the situation. The following officers were elected: president, Elsie M. Lawler: vice presidents, Jane Nash, Miss Sullivan; secretary, Mrs. H. Knorr; treasurer, M. A. Gorter. The Social Service Club held a meeting in February, when Dr. Arthur Holmes spoke on Heredity: Its Meaning to Social Workers. There was a full attendance. The Public Health Nurses' Association held a regular meeting in the rooms of the Babies' Milk Fund Association on January 15, when Sarah Martin, of the Travellers' Aid Society addressed the members. **Baltimore.**—ST. AGNES HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 20 and elected officers as follows: president, A. Egan; vice-president, J. Feustle, Lake Roland; secretary, G. Meyer, 33 Melvin Avenue; treasurer, L. Ide, 100 North Payson Street.

Massachusetts.—THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, April 10 and 11, 1917, at Boston, Massachusetts. Application for any examination must be filed at least five days before the examination date. Walter P. Bowers, secretary. THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its mid-year meeting on February 17, at 3 p.m. Dr. Edwin H. Place, physician in chief, South Department, Boston City Hospital, presented a paper on Infantile Paralysis; Dr. Harold Baker on Surgical Technique, and Mrs. Charles O. Smith spoke on Practical Application of Electricity for Nurses. The League of Nursing Education met at 10.30 a.m. and the Private Duty Nurses' League at 1 o'clock. **Boston.**—The Harvard Unit sailed from New York, February 19, on the Cunard steamship *Andania*. There were fifteen nurses in the party.

Two nurses now working at the American Women's Hospital, Paignton, England, will join the Unit in London. A MATERNITY HOSPITAL is being planned for in the Hospital Zone, which includes the Peter Bent Brigham, the Infants', the Children's, the Good Samaritan, the Harvard Medical School, and others. This maternity hospital will take the place of the one at 24 McLean Street, which was incorporated in 1832. It is hoped to have a large number of endowed beds in the new hospital. Some have been given in the names of past and present visiting physicians. It has been suggested that the many graduates of the training school raise a fund to endow a bed in memory of Mrs. Higgins, whose long connection with the hospital brought her into close association with many nurses. Mrs. Higgins has retired and is living in Cambridge. Nurses wishing to contribute to the endowment of this special bed should communicate with the superintendent of the hospital, Charlotte W. Dana. A BABY SHOW was held in January by the Public Health Workers in the West End. Babies up to five years of age competed. The physician in charge of the Health Unit Station in that district speaks five languages and has a working acquaintance in several others. THE WOMEN'S EDUCATIONAL AND INDUSTRIAL UNION has announced a series of conferences dealing with professional opportunities for women, which began February 14. The subject of the first conference was nursing. Sara E. Parsons, superintendent of nurses at the Massachusetts General Hospital, spoke on the General Field of Nursing; Mary Beard, Director of the Instructive District Nurses, spoke on District and Public Health Nursing; Dr. Cross of the Forsythe Dental Infirmary talked on the subject of Dental Nurses. THE MASSACHUSETTS COMMITTEE OF DIRECTORS OF VISITING NURSING ASSOCIATIONS held its second annual meeting on January 24, at the Twentieth Century Club, with Mrs. Ernest Amory Codman, president of the Boston Instructive District Nursing Association, in the chair. The Health Insurance bill before the Massachusetts House was thoroughly discussed by the expert speakers, among whom were Dr. W. P. Bowers, chairman of the State Boards of Registration in Medicine and Nursing, Michael M. Davis, of the Boston Dispensary staff, and Mary Beard, president of the National Organization for Public Health Nursing. Emphasis was placed on the necessity for co-operation by hospitals, physicians, nurses and the general public. The concensus of opinion was that health insurance would benefit the medical and nursing professions and be of great advantage to the community at large. THE SUFFOLK COUNTY BRANCH OF THE MASSACHUSETTS STATE ASSOCIATION, at its January meeting, listened to a talk on The Treatment of Cancer by Radium, by Anna L. Gibson, who is in charge at the Huntington Hospital. THE BOSTON NURSES CLUB met on January 17, to hear Dr. William M. Conant on Ethics of Club Life, and again on February 21, when Dr. Robert M. Green gave an illustrated lecture on Ireland. THE GUILD OF ST. BARNABAS FOR NURSES held a monthly meeting, January 31, at Trinity Church. After the business meeting, Priscilla Reynolds spoke on The After Care of Infantile Paralysis. MARY A. JONES, Boston City Hospital, has accepted the position of superintendent of nurses with the Fall River District Nursing Association. Miss Jones, having had charge of the Infants' Hospital, Boston, and later of the nursing staff of the Milk and Baby Hygiene Association, and having done private nursing for short periods, took to her new work the special qualities gained through varied experiences. Mrs. Smith, who before her marriage was Miss Austin, Settlement Nurse at Dennison House, succeeds Miss Jones in Boston. HELEN G. CHURCHILL,

class of 1909, Boston City Hospital, has resigned from the staff of the Milk and Baby Hygiene Association, and is doing public health work under the Brookline Board of Health. ALICE GALLAGHER, Rhode Island Hospital, who has worked for years among the Italians of the North End of Boston, has given up her work in that section. Miss Gallagher's knowledge of conversational Italian made her invaluable during the development of organized charitable work among that people. Pauline L. Dolliver is to take charge of the Morse Building at the Massachusetts General, when it is opened for patients. Irene Mason, class of 1906, Massachusetts General Hospital, has resigned her position as superintendent of nurses at the Huntington Cancer Hospital, to accept a similar position at the Framingham Hospital. Ursula C. Noyes, class of 1903, Massachusetts General Hospital, superintendent of nurses at the South Department of the Boston City Hospital, after six years of service has been given a year's leave of absence. Miss Noyes is to establish a nursing center under the Red Cross Chapter in Chicago. Her work during the summer as instructor in Nursing at the National Service School, Narragansett Pier, makes her specially fitted for the new work. **Concord.**—THE CONCORD BRANCH OF THE AMERICAN RED CROSS started a Nursing Service in Concord, February 10. Carrie D. Marks, Bellevue Hospital, New York, has been placed in charge. **Worcester.**—WORCESTER CITY HOSPITAL ALUMNAE ASSOCIATION entertained the members of the January graduating class at a New Year's tea, at the Memorial Home for Nurses. Rachel Metcalfe, superintendent of the Central Maine General Hospital, spoke on The Different Fields for Graduate Nurses. A social hour followed.

Michigan: Battle Creek.—THE BATTLE CREEK SANITARIUM HOSPITAL TRAINING SCHOOL FOR NURSES has added to its curriculum a course of lectures and practical service in Public Health Nursing. Lectures and instruction will be given by persons who have had special opportunities and experience in Anti-Tubercular Nursing, Baby Welfare Work, Prenatal Care, Rural and City District Nursing, School Nursing, Institutional, Industrial and Welfare Work, Dispensary Work both In and Out Patients, Mother's and Children's Clubs, etc.

Mississippi: Hattiesburg.—THE SOUTH MISSISSIPPI INFIRMARY graduates have formed an alumnae association with twenty-five members, and elected the following officers: president, Mrs. Maude Varnado; vice president, Miss Van Norden; secretary, Eva Lott; treasurer, Daisy Dobbins.

Missouri: Kansas City.—THE KANSAS CITY LEAGUE of Nursing Education held its regular monthly meeting at the Club House, January 17. Mrs. C. E. Koch was appointed chairman of a committee to address high school girls on Opportunities in the Field of Nursing. KANSAS CITY GRADUATE NURSES ASSOCIATION held its annual meeting at the Club House on February 7, and elected the following officers: president, Etta Lee Gowdy; vice presidents, Mary Burns, Cornelia Seelye; secretary, Phoebe Neidenberger; treasurer, Josephine Lashly. Members of Wesley Hospital Alumnae Association were hostesses during the social hour. UNIVERSITY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the hospital on January 9, and elected officers as follows: president, Clara Tuloss; vice presidents, Mary Wolfe and Eva Hardesty; secretary, Mary Morgan; treasurer, Anna Anderson. An interesting paper on Our Training School by Mary Morgan was read during the social hour by Etta Lee Gowdy.

Nebraska.—THE NEBRASKA STATE NURSES' ASSOCIATION held an all-day meeting on January 30, at Koehler Hotel, Grand Island. Mayor C. G. Ryan gave the address of welcome, and Amy Allison, president of the association, the

response. After the business session, a paper by Lenore Johns, on The Private Duty Section, What It Is, was read and followed by discussion. Doctor B. R. McGrath gave an address on The Nurse from the Physician's Standpoint. Luncheon was served at the Royal Chocolate Shop, the nurses of Grand Island being hostesses. The afternoon session opened with a paper on Blood Pressure and Its Significance, by Doctor Willis Redfield. Mrs. O. D. Wright spoke of The Nurse from the Viewpoint of the Laity. Psychological and Physiological Factors in Feeding Sick People was the subject of a paper by Doctor J. Lue Sutherland. Opportunities in the Field of Nursing, presented by Elsa Boyd, was followed by a general discussion of nursing problems. Edith Puls was elected delegate to the National Convention. A banquet and informal reception were held at the hotel in the evening. Nebraska nurses have been experiencing a little agitation in the Legislature now in session. House Roll No. 230, providing that nurses having at least six months' training or women having had two and one-half years' experience without training, be permitted to take the State Board Examinations, was the first bomb to fall. Like magic the nurses and physicians all over the state mobilized against such a measure and it was easily killed. House Roll 695 is now the subject of excitement. This would provide that the standing of a training school need not depend upon the number of beds nor patients in the hospital with which connected. The bill was introduced for the benefit of a physician who operates a ten-bed hospital and conducts a training school. The Board of Nurse Examiners feels that the variety of work in so small a hospital is too limited to provide for the systematic course of instruction required by law, therefore rejects the nurses from this hospital. All other small hospitals in the state which ask for recognition of the Board, are interested in doing all they can to keep up with the standard. A Unit of Red Cross nurses has been called to border service. Those who are responding are chiefly from Omaha.

Omaha.—The Nicholas Senn Training School offers to its graduates a post-graduate course of six months to prepare them as laboratory technicians and to occupy institutional positions. The course will be given in the hospital laboratory, under the personal direction of the pathologist, and will consist of all ordinary laboratory technic, including tissue work, the making of vaccines, Wassermanns, and the Lange reaction. The recently graduated class held a banquet at the Henshaw Hotel, followed by a theatre party, on January 31. There were twelve nurses in the class. Josephine Delps and Ruth Curry have accepted positions at Stewart Maternity Hospital. **Hartington.**—Teresa Holland is in charge of St. Gertrude's Hospital, recently opened. **York.**—Lutheran Hospital Training School has been placed on the list of accredited schools, by the Board of Nurse Examiners. Martha Meyer is superintendent of nurses. **David City.**—Luella Larson, Clarkson Memorial Hospital, Omaha, has taken charge of the David City Hospital. **Kearney.**—Elsa Boyd has resigned her position as superintendent of St. Luke's Hospital. Lillian Dunn, Burbank Hospital, Fitchburg, Mass., has succeeded Clarissa Henderson as head nurse at the State Tubercular Hospital.

New Jersey.—The New Jersey State Nurses' Association will hold its fifteenth annual meeting in the Young Women's Christian Association, Newark, on April 3. The New Jersey State Organization for Public Health Nursing held its mid-winter meeting, January 27, at The Public Library, East Orange, Mrs. d'A. Stephen presiding. The invocation and address of welcome were delivered by the Rev. R. B. Beattie, After routine business, a motion was

offered to affiliate with The National Public Health Organization and the State Federation of Women's Clubs. A very instructive and complete exhibit had been arranged by the East Orange Board of Health, the Health Officer, John Hall, spoke briefly on their methods. Chester Wells of Montclair, being prevented from attending sent a brief outline of his work, with special reference to the value of nurses in that work. Several other disappointments in speakers left, as a compensation, a longer time for an address by Miss D. Culver, superintendent of the new Parental School Home in Newark. She had only taken the work since it opened in May, having done similar work in Chicago, and easily convinced her audience that she was fitted for the very difficult task. Charlotte Heilman told of her combined work in Bound Brook as school nurse, social worker, and poor-master. A revision of the By-Laws had been undertaken by a committee, and certain amendments were passed, others left to be reconsidered. The next meeting will be held in May, by invitation, at Long Branch. Twenty-five members were present.

New York: New York.—The New York City League of Nursing Education, at its January meeting, had as guests the senior pupil nurses of all the training schools of New York City. The program for the meeting, at which Miss Greener presided, included a talk by Jane A. Delano, on the development of the Red Cross Nursing Service, emphasizing the rapidly increasing scope of the work and its inestimable value in times of peace as well as war. Ella Phillips Crandall briefly outlined the history and rapid unfolding of public health work and clearly demonstrated to the pupils present the great need of a large body of specially trained women to enter this important field. Annie W. Goodrich presented the advantages of the special educational opportunities now accessible to graduate nurses, and discussed the three national organizations and state registration. She made a very strong appeal to the young graduate to make use of every chance for self-development by trying out the various phases of nursing work and nursing education, to prepare herself for a broader field of endeavor. The League held its regular monthly meeting at the Presbyterian Hospital Nurses' Home, on February 7. The very interesting program was supplied by the Teaching Committee. Miss Ink, Visiting Instructor to many schools in New York City and vicinity, gave a most interesting and instructive talk on the Teaching of Anatomy and Physiology, illustrating her methods by the exhibition of improvised charts, outlines, card index and bibliography for reference reading, and spoke of the valuable teaching interest to be found in the Natural History Museum and in the public libraries. Miss Howe, senior student of the Department of Nursing and Health discussed Miss Ink's paper, adding some suggestions as the results of her experience in teaching the subjects of anatomy and physiology. Isabel M. Stewart, stated that it was possible to arrange for a certain number of lectures at the Natural History Museum on subjects pertaining to hygiene and sanitation as related to public health. Miss Gillette, assistant superintendent of the City Hospital School of Nursing, gave a talk on the Construction and Equipment of Class rooms, taking into consideration the arrangements for plumbing, lighting and the size of the room in relation to the number of pupils. Louise M. Powell of the University Hospital of Minneapolis spoke of having recently visited a school in which one entire building was used for teaching purposes, the cost of equipment amounting to about $1800. After enthusiastic expressions of appreciation of the speakers, Amy M. Hilliard moved that the subjects be written up for publication in the American Journal of

NURSING. The matter was referred to the Teaching Committee. THE PRESBYTERIAN HOSPITAL ALUMNAE ASSOCIATION gave a concert on January 31 to aid the Pension Fund, which was started in 1909 and had increased up to January 1, 1917, to $29,000. Through the interest of their president, Mrs. John A. Hartwell, the Symphony Club of New York, composed of women and directed by Walter Henry Rockwell, gave its annual concert this year as a benefit for the alumnae association. The proceeds reached $4000 and during the campaign of ticket-selling, two large checks were received, one from Mr. and Mrs. Carnegie for $20,000 and another from Mrs. Edward S. Harkness for $15,000. At present almost three quarters of the sum of one hundred thousand dollars required to make the Fund operable, has been secured. MOUNT SINAI HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in January, when the following officers were chosen: president, Helen Moses; corresponding secretary, J. M. Bauer; treasurer, Mrs. A. Epstein. E. LETA CARD, superintendent of nurses at the Polyclinic Hospital for the last two and a half years, has resigned her position, and will rest for the present. **Brooklyn.**—KINGS COUNTY HOSPITAL ALUMNAE ASSOCIATION at its annual meeting, held recently, chose these officers: president, Julia Donoghue; vice presidents, Josephine Casey and Harriett Crean; secretary, Lucy D. Treadway; treasurer, Loretta Flannery. On December 15 and 16, a Bazaar was held in the Nurses' Home for the Loan and Benefit Fund. This was not only a financial success, over $450 being realized, but a social success as well, many old graduates meeting for the first time in several years. GERMAN HOSPITAL ALUMNAE ASSOCIATION gave a euchre and dance on December 8, which proved a big success.

Rochester.—THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION held its regular monthly meeting, on January 30, at the Club House. After routine business and a delayed report of the convention of the New York State Nurses' Association, by the delegate, Anna McPherson, a very interesting talk was given by Dr. Harold Baker, factory physician and surgeon at the Bausch & Lomb Optical Company. There are beside the doctor, two trained nurses, an assistant and a dentist, whose time is occupied in caring for the teeth of the employees, free of charge. In his report, Dr. Baker emphasized these objective points: 1. To examine and know by chart and record the physical condition of every worker at his entrance; 2. To prevent possible injury by putting the individual at work for which he is fitted, such as keeping the man with a heart lesion or hernia from heavy lifting or too great physical strain; 3. To place employees in the work where their natural abilities are best utilized; 4. To exclude and govern communicable diseases; 5. To detect diseases, in their incipiency, and so control preventable illness; 6. By advice, suggestion and education to help employees to care for themselves. Carefully kept reports show that since this system was adopted, about three-fourths of the time formerly lost by illness has been saved. Eye troubles are by far the most numerous, counting astigmatism of every degree. This is a serious defect, especially in the department for inspection of lenses, where the keenest eye-sight is required. Next in frequency to eye troubles, are cases of bad teeth, which are taken care of by the factory dentist, if desired. Dr. Baker said that owing to the extensive safety-first measures, there were only fifty-four accidents, major and minor, last year, a very small number considering the 2800 employees. When the war stopped the importation of high grade glass for lenses, the company was obliged to start its own glass factory. To prevent possible poisoning from the use of large quantities of lead and arsenic

used in the manufacture of glass, the men wear a respirator and are encouraged to drink large quantities of milk and buttermilk during working hours. Dr. Baker's paper was followed by a social hour. THE ROCHESTER GENERAL HOSPITAL ALUMNAE ASSOCIATION, at its meeting held on January 12, decided to hold nine meetings during the year instead of four. On January 26, the alumnae held its annual reunion at the Nurses' Home. Two hundred nurses and their friends were present, at which the senior members of the 1917 class were the guests. A buffet luncheon was served and dancing followed. **Binghamton.**—BINGHAMTON STATE HOSPITAL ALUMNAE ASSOCIATION, which was started in June, 1916 with a membership of 17, has now increased to 38. The Association meets once a month, and it is expected that they will soon be affiliated with the New York State Nurses' Association. Edith Atkins, the present principal of the school, through whose influence the alumnae was formed, has been made an honorary member. At a meeting held on January 4, the Broome County Nurses' Association, was entertained by the alumnae. The programme included a talk on the History of Insanity, by Dr. Charles G. Wagner, illustrated by a reel of moving pictures on the Care and Recreation of the Insane. A social hour followed.

North Carolina.—The amended bill for the State Registration of Nurses was signed by Governor F. W. Bickett, February 2, 1917, and is as follows:

A BILL TO BE ENTITLED AN ACT RELATING TO PROFESSIONAL NURSING

The General Assembly of North Carolina do enact:

SECTION 1. A board of examiners of trained nurses composed of five members, two physicians and three registered nurses, to be elected by the Medical Society of the State of North Carolina and the North Carolina State Nurses' Association, respectively, except the first board, is hereby created, to be known by the title "The Board of Examiners of Trained Nurses of North Carolina."

Each member of said board shall serve a term of three years or until his or her successor is appointed, except the first board elected under this act, the members of which shall be and serve as follows: For term expiring July the first, nineteen hundred and nineteen, or until their successors are qualified, Julia Libby, R.N., of Mecklenburg, and Delia Dixon Carroll, M.D., of Wake; for term expiring July the first, nineteen hundred and twenty, or until their successors are qualified, Lois Toomer, R.N., of New Hanover, Maria P. Allen, R.N., of Burke, and Thompson Fraser, M.D., of Buncombe. The board shall fill any vacancy for an unexpired term.

An inspector of training schools for nurses shall be annually appointed by the North Carolina State Nurses' Association, who shall report annually to the board of examiners. Said inspector shall be a registered nurse, her duties and compensation to be fixed by the Board of Nurse Examiners.

SEC. 2. Three members of the board shall constitute a quorum, two of whom shall be nurses.

The board shall adopt and have custody of a seal and shall frame by-laws and regulations for its own government and for the execution of the provisions of this act. The officers of said board shall be a president and a secretary-treasurer, both to be elected from its nurse members. The treasurer shall give bond in such sum as may be fixed in the by-laws, and the premium therefor to be paid from the treasury of said board. The members of the board shall each receive as compensation for his or her services four dollars per diem and actual traveling and hotel expenses. The secretary-treasurer may receive an additional salary, to be fixed by the board, not to exceed two hundred and fifty dollars per annum,

said expenses and salaries to be paid from fees received by the board under the provisions of this act, and in no case to be charged upon the treasury of the State.

All moneys received in excess of said allowance, and other expenses provided for, shall be held by the secretary-treasurer for the expenses of the board and for extending nursing education in the State.

SEC. 3. The Board of Examiners of Trained Nurses of North Carolina shall convene not less frequently than once annually, and at any time ten or more applicants shall notify the secretary-treasurer that they desire an examination. Thirty days prior to such meetings notice stating time and place of examination shall be published in one nursing journal and three daily State papers.

At such meetings it shall be the duty of the board of examiners to examine graduate nurses applying for license to practice their profession in North Carolina. An applicant must prove to the satisfaction of the board that he or she is twenty-one years of age, is of good moral character, and has received at least one year of high school education or its equivalent.

Applicants shall have graduated from a training school for nurses connected with a general hospital where a systematic course of practical and theoretical instruction covering a period of three years is given in the hospital, or from a training school connected with small or special hospitals and sanatoria meeting the aforesaid requirements by affiliation with one or more training schools.

SEC. 4. Examinations shall be held in anatomy, physiology, materia medica, dietetics, hygiene and elementary bacteriology, obstetrical, medical, and surgical nursing, nursing of children, contagious diseases and ethics of nursing, and such other subjects as may be prescribed by the examining board. The subject of contagious diseases may be given in theory only. If on examination the applicant should be found competent, the board shall grant a license, authorizing him or her to register as herein provided, and to use the title "Registered Nurse," signified by the letters "R.N."

Before an applicant shall be permitted to take such an examination, he or she shall pay to the secretary of the examining board an examination fee of ten dollars. *In the event of the failure of the applicant to pass examination, one-half of the above named fee shall be returned to applicant.*

SEC. 5. The board shall have authority to issue licenses, without examination, to nurses registered in other States: *Provided*, that said States shall maintain an equivalent standard of registration requirements. The examination fee shall accompany each such application for license.

SEC. 6. On and after the ratification of this act, all "trained," "graduate," "licensed," or "registered" nurses must obtain license from the Nurses' Examining Board before practicing their profession in this State, and before using the abbreviation "R.N." must obtain a certificate of registration from the clerk of the Superior Court of any county as hereinafter provided: *Provided*, that all nurses graduating prior to the ratification of this act who shall show to the satisfaction of the board of examiners that they are graduates, in good standing, and were engaged in the profession of nursing in the State of North Carolina before the ratification of this act, shall be entitled to registration without examination, and without the payment of the examination fee, provided such application be made before June first, nineteen hundred and seventeen. It is *provided, furthermore*, that nothing contained in this section shall be construed as a requirement for renewal of license or registration of nurses already licensed and registered in North Carolina.

SEC. 7. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, *or any hospital or sanatorium that send their nurses into private homes or elsewhere for hire during the time they are in said institution taking training*, or to any person taking care the sick for hire who does not represent himself or herself or in any way assume to practice as a "trained," "graduate," "licensed," or "registered nurse."

SEC. 8. The clerk of the Superior Court of any county, upon presentation to him of a license from the State Board of Nurse Examiners issued at a date not more than twelve months previous, shall enter the date of registration and the name and residence of the holder thereof in a book to be kept in his office for this purpose, and marked "Record of Registered Nurses," and shall issue to the applicant a certificate of such registration, under the seal of the Superior Court of the county, upon a form to be prescribed by the board of examiners. For such registration he shall charge a fee of fifty cents.

SEC. 9. The board shall have power to revoke the license of any registered nurse upon conviction of gross incompetence, dishonesty, intemperance, or any act derogatory to the morals or standing of the profession of nursing. No license shall be revoked except upon charges preferred. The accused shall be furnished a written copy of such charges, and given not less than twenty days notice of the time and place when said board shall accord a full and fair hearing on the same. Upon the revocation of a license and certificate, the name of the holder thereof shall be stricken from the roll of registered nurses in the hands of the secretary of the board, and by the clerk of the Superior Court from his register upon notification of such action by said secretary.

SEC. 10. That any person procuring license under this act by false representation, or who shall refuse to surrender a license which has been revoked in the manner prescribed in section nine of this act, or who shall use the title "trained," "graduate," "licensed,"or "registered nurse," or the abbreviation "R.N.," without having first obtained a license, shall be guilty of a misdemeanor, and upon conviction shall be fined not more than fifty dollars or imprisoned not exceeding thirty days. Each act shall constitute a new offense.

SEC. 11. That chapter three hundred and fifty nine of the Public Laws of nineteen hundred and three, and all acts amendatory thereof, and all other laws and clauses of laws in conflict with this act, be and the same are hereby repealed.

SEC. 12. That this act shall be in force from and after its ratification.

Ohio: Cleveland.—ST. VINCENT'S CHARITY HOSPITAL ALUMNAE ASSOCIATION held a meeting on December 9. Rev. Augustus Herbert spoke on Woman's Work and Her Influence. **Cincinnati.**—THE JEWISH HOSPITAL ALUMNAE ASSOCIATION held its regular meeting on February 12, when an interesting address on Fecal Infection was given by Dr. Roger Morris.

Pennsylvania: Pittsburgh.—ALLEGHANY GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the hospital February 5. Lottie Darling, superintendent of nurses at the hospital has resigned, greatly to the regret of both students and graduates. CORA LASH, superintendent of nurses at the Montefiore Hospital has resigned to take the same position at the Presbyterian Hospital. KATHERINE M. JOYCE, class of 1910, has resigned the position of night superintendent at St. Margaret's Memorial Hospital, to take charge of the operating room at the Presbyterian. WILHELMINA SNYDER, class of 1903, has been appointed superintendent of nurses at Greensburg Hospital. RACHEL MASSINGHAM, class of 1903, will succeed Miss Zavitz, at Walker's Soap Factory. **Reading.**

READING HOSPITAL ALUMNAE ASSOCIATION has changed its time of meeting to 7.30 p.m., instead of 3 p.m., to enable nurses holding positions in hospitals, and public health nurses to attend. On January 30, a meeting was held in Berks County Medical Hall, with Edna Hain as hostess. Officers were elected as follows: president, Florence M. Burky; vice president, Mrs. Anna R. Barlow; secretary, Emma J. Heister; treasurer, Edna N. Hain. **South Bethlehem.**—THE GRADUATE NURSES' CLUB OF THE BETHLEHEMS held its first annual meeting at St. Luke's Hospital, and elected the following officers: president, Marie S. Brown; vice president, Margaret Freeman; secretary-treasurer, Emily Dinan. The club was organized in 1915, with the object of promoting friendly feeling among the nurses of the Bethlehems, and for work along professional, civic and social lines. The membership consists of graduate nurses in active service, who belong to their alumnae associations. The club has coöperated with the Associated Charities and has been of practical as well as of social value. Meetings are held the third Monday of each month at the nurses' home. After routine business there is an interesting lecture, and refreshments. ANNA LEE DE VANE, has resigned as social service nurse at St. Luke's Hospital because of ill health, and Ida C. Flickinger has been appointed her successor.

Rhode Island: Providence.—THE PROVIDENCE DISTRICT NURSE ASSOCIATION held its annual meeting at the Medical Society Library on January 16. Mary S. Gardner, the superintendent, gave a report, and slides descriptive of Public Health work were shown. At a meeting of the Committee on Dietetics, of the association, held at the home of Helen Campbell, Winifred S. Gibbs spoke on Home Economics and Social Activities. THE RHODE ISLAND HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 29, when plans for the year were discussed. The association held its fourth annual concert and dance on February 7. THE RHODE ISLAND HOSPITAL NURSES' CLUB held a meeting on February 6, when Dr. Bertram H. Buxton told of his experiences with the American troops on the Mexican Border. THE PROVIDENCE BRANCH OF THE GUILD OF ST. BARNABAS held a meeting at St. Stephen's church on February 1, when one new member was received. Service was conducted in the Guild House by Rev. R. E. Noel. **Pawtucket.**—THE RHODE ISLAND LEAGUE OF NURSING EDUCATION held a meeting at Memorial Hospital on January 30. Following various reports, Miss Lord gave a brief history of the organization. Emma Nichols spoke at length on Red Cross activities. After the social hour, at which Miss Sutherland was hostess, the hospital was visited. Twenty-five nurses were present. MEMORIAL HOSPITAL held its graduating exercises on January 24, when Sara E. Parsons was the chief speaker.

South Carolina.—THE SOUTH CAROLINA STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting in Spartansburg, April 11 and 12. All members are requested to be present.

Texas.—THE TEXAS GRADUATE NURSES' ASSOCIATION will hold its eleventh annual meeting in Temple, April 16-18. THE TEXAS STATE BOARD OF NURSE EXAMINERS will hold its semi-annual examination on April 3 and 4. Examinations will be held in San Antonio, Dallas, Temple, Galveston, and Austin. Marjorie T. Walthall, Secretary, 111 Dallas Street, San Antonio.

Vermont: Brattleboro.—BRATTLEBORO MEMORIAL HOSPITAL, erected through the trust fund left by Thomas Thompson, is to have a nurses' home, as the gift of Mr. and Mrs. George L. Dunham and their daughter Evelyn, in memory of Marion Dunham, who died at the hospital in 1913, at the age of twelve years.

The home is greatly needed, but will not be built immediately, owing to the high cost of building materials. Mr. Dunham's generosity is much appreciated by the directors of the hospital.

Wisconsin: Milwaukee.—THE MILWAUKEE COUNTY HOSPITAL ALUMNAE ASSOCIATION held its regular bi-monthly meeting in the library of the nurses' home on January 16. A committee was appointed to visit officers of the alumnae associations of Milwaukee Training Schools in order to establish friendship and secure coöperation. The secretary was instructed to write Dr. Brunckhurst a letter expressing the sympathy of the association for the death of his wife, Phoebe Beech-Brunckhurst, class of 1908. A ways and means committee was appointed to plan for the raising of funds to carry on the work of the association. The March meeting will be held in the nurses' home, and will be social, the officers of the school, and students in training to be guests. Emma Wilson, assistant to Fannie Clement, superintendent of the Red Cross Town and Country Nursing Service, talked to two groups of pupil nurses at the Milwaukee County Hospital on January 29. The need of many more nurses to carry on this particular line of work was the subject of her talks. A number of pictures of the workers and the communities in which they operate added greatly to the interest of the talks. Miss Wilson gave similar talks to nurses at Trinity, St. Mary's and St. Joseph's hospitals in Milwaukee and in the evening talked at the Milwaukee County Nurses' Club.

BIRTHS

On November 5, at Altoona, Pa., a son, to Mr. and Mrs. Harold Hughes Mrs. Hughes was Lucille Dalton, class of 1913, Altoona Hospital.

On December 9, a daughter, to Dr. and Mrs. C. E. Snyder. Mrs. Snyder was Sarah M. Hoomer, class of 1912, Altoona Hospital, Altoona, Pa.

On January 13, at Peoria, Ill., a son, to Mr. and Mrs. Ernest Biddinger. Mrs. Biddinger was Juanita Reade, class of 1915, Illinois Training School, Chicago, Ill.

On January 4, a son, to Mr. and Mrs. H. M. Johnston. Mrs. Johnston was Kathleen Darragh, class of 1911, Illinois Training School, Chicago.

Recently, a daughter, to Mr. and Mrs. G. G. Beecher. Mrs. Beecher was Dorothy Post, Presbyterian Hospital, Chicago.

On January 24, at Omaha, Neb., a daughter, Ruth Elizabeth, to Dr. and Mrs. C. H. Newell. Mrs. Newell was Ethel Kadel, class of 1915, Nicholas Senn Hospital, Omaha.

On January 27, a son, Herman E. to Mr. and Mrs. Schwab. Mrs. Schwab was Elisabeth Schaefer, class of 1912, German Hospital, Brooklyn, N. Y.

On November 28, at Little Rock, Ark. a son, to Dr. and Mrs. A. M. Zell. Mrs. Zell was Emily Snyder, class of 1910, St. Vincent's Infirmary, Little Rock.

On January 6, at Little Rock, Ark., a daughter, to Mr. and Mrs. Bertram Missner. Mrs. Missner was May Wilkins, class of 1912, St. Vincent's Infirmary, Little Rock.

On November 1, at Little Rock, Ark., a son, to Mr. and Mrs. C. A. Roth. Mrs. Roth was Rosamond Schmidt, class of 1911, St. Vincent's Infirmary, Little Rock.

MARRIAGES.

On December 23, at Albany, N. Y., Edna B. Underhill, class of 1904, Flower Hospital, New York, to Raymond Vincent Babcock. Mr. and Mrs. Babcock will live in Mount Vernon, N. Y.

On October 25, Alma Ballengee, class of 1910, Home Hospital, Lafayette, Ind., to Emerson Staley.

On November 25, Mae Callahan, class of 1913, Home Hospital, Lafayette, Ind., to John Howarth.

On December 14, Nettie Leslie, class of 1912, Home Hospital, Lafayette, Ind., to Charles Gowie.

On January 3, at Omaha, Neb., Kathryn E. Brooks, class of 1916, Bishop Clarkson Memorial Hospital, Omaha, to William Vance Anderson, M.D. Dr. and Mrs. Anderson will live in Omaha.

On January 3, at Omaha, Neb., Myra Dimond, class of 1916, Wise Memorial Hospital, Omaha, to Edwin Hoare. Mr. and Mrs. Hoare will live in Monroe, Neb.

On December 17, at Omaha, Neb., Vina Robson, class of 1909, South Omaha Hospital, to H. C. Husted. Mr. and Mrs. Husted will live in Falls City, Neb.

In Des Moines, Iowa, Amanda M. Olson, class of 1915, Swedish Mission Hospital, Omaha, to W. F. Schollman. Mr. and Mrs. Schollman will live in Omaha.

On January 6, at Linden Hall, Irene Lenore Ross, class of 1914, Altoona Hospital, Altoona, Pa., to Lewis C. Swarts. Mr. and Mrs. Swarts will live in Linden Hall.

On December 24, Mary E. Winans, class of 1914, Lutheran Hospital, Ft. Wayne, Ind., to Marion Large. Mr. and Mrs. Large will live in Ft. Wayne.

On December 25, Irene Nicol, class of 1916, Lutheran Hospital, Ft. Wayne, Ind., to Sherman Alexander. Mr. and Mrs. Alexander will live in Wren, Ohio.

On November 2, Anna Berger, class of 1912, Lutheran Hospital, Ft. Wayne, Ind., to Robert Iakisch. Mr. and Mrs. Iakisch will live in Dubuque, Iowa.

On January 24, at Monmouth, Ill., Muriel Young, class of 1915, Monmouth Hospital, to Ward Haynes. Mr. and Mrs. Haynes will live near Ponemah, Ill.

On January 14, at Gladstone, Ill., Margaret Kelley, class of 1915, Monmouth Hospital, Monmouth, Ill., to Charles Callow. Mr. and Mrs. Callow will live near Monmouth.

On December 21, at Ottawa, Canada, Agnes McLachlan, class of 1911, Long Island College Hospital, Brooklyn, N. Y., to Victor R. Purvis. Mr. and Mrs. Purvis will live in Mallorytown, Ontario, Canada.

On December 21, at Brooklyn, N. Y., Jenny Frances Komlossy, class of 1908, Long Island College Hospital, Brooklyn, N. Y., to Alfred H. Geise.

Recently, Sarah Shawler, class of 1914, St. Vincent's Infirmary, Little Rock, Ark., to Ben Bristo.

On January 4, at Pacific Grove, Calif., Rose Konop, Iowa Methodist Hospital, Des Moines, Ia., to William Callow.

On January 1, at Guthrie, Okla., Margaret Spohn, class of 1906, Iowa Methodist Hospital, to Lue L. Knowles. Mr. and Mrs. Knowles will live in San Antonio, Texas.

On December 31, Emily Reggie, class of 1915, German Lutheran Hospital, Sioux City, to E. C. Lidster. Mr. and Mrs. Lidster will live in Sioux City.

On February 3, at Pawtucket, R. I., Dora Magdalena Friede, class of 1912,

Rhode Island Hospital, Providence, to Edward Spence Cameron, M.D. Dr. and Mrs. Cameron will live in Providence.

On January 27, at Pittsburgh, Pa., Ethel M. Zavitz, Alleghany General Hospital, to Ralph E. Smith. Mr. and Mrs. Smith will live in Pittsburgh.

In January, Fayetta Kadel, class of 1916, Nicholas Senn Hospital, Omaha, Neb., to David Olson. Mr. and Mrs. Olson will live in North Dakota.

In January, Clarissa Henderson, Northwestern Hospital, Minneapolis, Minn., to Carl Schultz. Miss Henderson was head nurse at the State Tubercular Hospital, Kearney, Neb. Mr. and Mrs. Schultz will live in Jenkins, Minn.

On January 13, at Grand Island, Neb., Ruby Dillard Nations, class of 1907, Lawrence Hospital, Columbus, Ohio, to Frederick John Bartlett. Mr. and Mrs. Bartlett will live in Minneapolis.

On October 4, Katherine Hamm, class of 1912, German Hospital, Brooklyn, N. Y., to John Rogers. Mr. and Mrs. Rogers will live in Brooklyn.

On November 1, Katherine Kiefer, class of 1912, German Hospital, Brooklyn, N. Y., to Charles Finsig. Mr. and Mrs. Finsig will live in Brooklyn.

DEATHS

In September, at Los Angeles, Calif., Katherine McKinnon, class of 1904, County Hospital, Denver, Colo.

On January 29, at Denver, Colo., Adda Funk Cozens, class of 1910, County Hospital, Denver.

On January 15, at Albion, N. Y., L. A. Markham, class of 1883, Rochester General Hospital, and former superintendent of the hospital. Miss Markham was a member of the first graduating class and was seventy-five years of age when she died.

On January 14, at the Post Graduate Hospital, New York, Teresa Brennan, class of 1911, Rhode Island Hospital. Miss Brennan was ill for two weeks, with pneumonia.

On February 4, at the Municipal Hospital, Pittsburgh, Pa., Ula Della Cochran, Allegheny General Hospital, Pittsburgh. Miss Cochran was ill but one week, having contracted erysipelas from a patient. Miss Cochran was a woman of the highest character, who never shirked a duty, no matter how dangerous, and her loss will be keenly felt by her friends.

On November 15, Fanny E. Gerard, of pulmonary tuberculosis. Miss Gerard was a graduate of Indianapolis City Hospital, class of 1898. Her state, county, and alumnæ associations have lost a loyal member, one who was untiring in her efforts for advancement and highest standards. She was an enlisted Red Cross nurse. She will be sadly missed by her many friends, and at the meetings of the associations.

On January 20, at the Iowa Lutheran Hospital, Des Moines, Cora Cole, Independence Hospital, Independence, Iowa. Miss Cole did private nursing in Des Moines for several years, and was highly esteemed by her patients. She suffered greatly for almost a year, but leaves a memory of wonderful patience and cheerful endurance with those who came in contact with her.

In January, at her home in Commerce City, Iowa, Elizabeth Rice Lafferty, Centerville Hospital, Centerville, Iowa. Mrs. Lafferty gave birth to a daughter on January 15, and developed puerperal infection from which she died in a short time.

On January 10, at her home, Portland, Ore., Hettie Maria Stimpson, class of 1907, Good Samaritan Hospital, Portland. Miss Stimpson was engaged in private nursing until illness prevented, during the last two years. She never lost her active interest in her alumnae association and in the Oregon Graduate Nurse Association, and her friends feel her loss keenly.

On January 25, after a brief illness, Elizabeth Gilway, class of 1914, White Haven Sanatorium, White Haven, Pa. Miss Gilway had been employed at the Philadelphia Jewish Sanatorium, Eagleville, Pa., for two years, and was a much loved nurse.

In January, at Platte Sanitarium, Argentina, South America, Mrs. O. H. Maxon. Mrs. Maxon was Carrie Hanson, class of 1897, Battle Creek Sanitarium, Battle Creek, Mich. Mrs. Maxon and her husband had been missionaries in South America for ten years.

On February 8, at Brookline, Mass., Elizabeth J. Tisdale, class of 1891, Homeopathic Hospital, Boston, Mass. For some time after graduation, Miss Tisdale was head nurse of the surgery at the hospital, and for a short period did private nursing. For sixteen years she conducted a registry for the Homeopathic Hospital nurses. Miss Tisdale was councillor in the State Association from its organization, and for several years was its treasurer. She was interested in all movements for the good of her profession, and was one ever to be depended upon in any decision. She will be sincerely mourned and greatly missed by all her friends.

BOOK REVIEWS

A Text-Book of Physics and Chemistry for Nurses. By A. R. Bliss, Jr., Ph.G., Ph.Ch., A.M., Phm.D., M.D. Lecturer on Chemistry and Materia Medica, Grady Hospital Training School for Nurses, Atlanta; Professor of Pharmacology, Emory University, School of Medicine; Formerly Professor of Chemistry and Pharmacology, Birmingham Medical College and Graduate School of Medicine, University of Alabama; and A. H. Olive, A.B., A.M., Ph.Ch., Phm.D. Lecturer on Chemistry, Hillman Hospital Training School for Nurses, Birmingham; Professor of Physics and Chemistry, Howard College; Formerly Associate Professor of Chemistry, Birmingham Medical College and Graduate School of Medicine, University of Alabama. J. B. Lippincott and Company, Philadelphia and London. Price, $1.50.

Considering the number of books on the subject of chemistry, perhaps another cannot be said to be strictly needed, but the subject-matter of this one is presented in a different manner from any at hand, and is the result of years of teaching in schools of nursing. Owing to the limited time allotted to this branch of science during the nurse's course, the authors have been as brief as the subject permits. Nothing necessary to a good general knowledge has, however, been omitted.

The Backward Baby: A Treatise on Idiocy and the Allied Mental Deficiencies in Infancy and Early Childhood. By Herman B. Sheffield, M.D., Fellow of the New York Academy of Medicine aud the American Medical Association; Author of *Modern Diagnosis and Treatment of Diseases of Children, Pediatric Memoranda,* and *The Baby's Record and Health,* and Co-Author of *Practical Pediatrics;* formerly Medical Director, Beth David Hospital; Instructor in Diseases of Children, New York Post-Graduate Medical School and Hospital; and Associate Babies' Hospital (O. P. D.); Visiting Physician to the Philanthropin Hospital and the Northwestern Dispensary, etc. Awarded the Alvarenga Prize of the College of Physicians of Philadelphia, July 14, 1914. With 22 original illustrations in the text. Rebman Company. New York. Price, $1.00.

It is necessary to remind oneself frequently, while reading this book, which treats of a subject from which one is inclined to shrink, that it is a prize essay, otherwise the didactic manner in which it is written

would mar what would be a favorable impression. Possibly the author realizes this, as in his preface he states that "Owing to the paucity of literature," he was "obliged to rely chiefly upon his personal observations." He states that attention has formerly been given to children of school age, and he is convinced that knowledge of the child's condition should be obtained and all possible amelioration by treatment be begun much earlier. One is conscious of the genuine sympathy which the writer feels for the kind of patients with which his practice brings him in contact. He finds from personal observation that the generally accepted theories of the causes of lack of mental or physical development are not correct. Those due to heredity are less numerous than is usually supposed, as nature has the tendency to eliminate defects if given any chance. To prolonged or instrumental deliveries may be ascribed at least 30 per cent of aments. A strong argument in favor of national prohibition is shown by the statistics of prohibition and non-prohibition states. A chapter on prophylaxis is particularly good for the general reader and the entire book could well be read, if not studied, by student and graduate nurses.

MATERIA MEDICA FOR NURSES. By A. S. Blumgarten, M.D., Admitting Physician to the German Hospital; Lecturer to the Training Schools of the German Hospital and the Skin and Cancer Hospital, New York; Joint Author of *Children's Diseases for Nurses*, etc. Second edition, completely revised, with additions and new illustrations. 1916. The Macmillan Company, New York. Price, $2.50.

The author found that, even in two brief years, the first edition of his book, reviewed in these columns in October, 1914, needed developing. Special attention has been given to the administration of medicine, a branch which he thinks most necessary, yet which has received but little attention. A large part of this section of the book was printed in the JOURNAL during 1914–15. This edition contains few more pages, but the arrangement of the subject-matter has been changed. While very complete and valuable, the book is designed for teaching and reference rather than for nurses in private practice, owing to its size and weight. In places there seems to be unnecessary repetition.

TEACHER'S GUIDE FOR MATERIA MEDICA FOR NURSES. By A. S. Blumgarten, M.D. The Macmillan Company, New York. Price, 20 cents.

As the name implies this pamphlet is to be used in connection with the author's textbook for the instruction of students. The subject is

made interesting by its methods, and the suggestions it offers are practical.

MUSCLE TRAINING IN THE TREATMENT OF INFANTILE PARALYSIS. By Wilhelmine G. Wright, Boston Normal School of Gymnastics, 1905; Chirurg-orthopaed Klinik of Professor A. Hoffa, Berlin, 1908; Assistant to Robert W. Lovett, M.D., Boston. Second edition. Boston: Ernest Gregory. 1916. Price, 25 cents.

The ten years' experience of the writer has enabled her to print the result of her work for the benefit of others, and it is especially opportune when so much attention must of necessity be given to the after-treatment of those who suffered from the recent epidemic. Each exercise is described in detail, the only point seemingly lacking being the length of time which should be devoted to each.

RAKE KNITTING AND ITS SPECIAL ADAPTATION TO INVALID WORKERS. By Susan E. Tracy, R.N., Author of *Studies in Invalid Occupation*. Whitcomb and Barrows. Boston, Mass. Price, 25 cents.

Any attempt to provide entertainment or occupation for the many patients partially incapacited, mentally or physically, or both, always meets with approval. This addition to Miss Tracy's work in this direction sounds attractive, and being inexpensive and not difficult enough to tax the ability or mentality of those for whom the work is planned, will be most welcome.

MANUAL FOR INSTITUTION LIBRARIES. Compiled by Carrie E. Scott, Assistant State Organizer, Public Library Commission of Indiana. Assisted by The American Library Association Committee on Library Work in Hospitals and in Charitable and Correctional Institutions. American Library Association Publishing Board. Chicago. Price, 25 cents.

This little pamphlet gives a great deal of information in a very condensed manner. It tells the kind of books which should be provided for the libraries of various institutions, the approximate number of books, the amount of money which it is necessary to spend each year for the proper upkeep, and gives specific rules for classification, arrangement and cataloging. In fact, it contains just the help which those for whom it is intended may possibly need, from how to buy the books, to directions for buying the supplies for mending them.

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